

**King County Family Treatment Court
Outcome Evaluation Design**

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Introduction

Background

Family treatment courts (FTC) are a relatively new type of court developed to address the needs of families involved in the legal system due to child abuse and neglect charges related to parental substance abuse (Ashford, 2004; Harrell & Goodman, 1999). With the burgeoning rates of parental substance abuse, it has been recognized that the complexity of the problems faced by these families requires a more holistic treatment approach that is more recovery-focused, less adversarial, and that coordinates efforts of the court system, child welfare, and provider agencies. Ideally, the response will also include active judicial oversight and accountability; comprehensive, strengths-based needs assessment; collaborative, team-based care management; administration of appropriate incentives and sanctions; and high-quality mental health and substance abuse treatment (U.S. Dept. of Justice, 2004). Provision of care through this model is intended to facilitate greater parental engagement, more appropriate treatment, and greater rates of successful treatment completion. Ultimately, it is intended to yield positive child and family outcomes such as placement permanency, reduction in out-of-home placement days, and improved child and family member functioning in home, school, and community.

King County Family Treatment Court (KCFTC) is one of the jurisdictions nationally that is looking to build on the promise of the FTC model and replicate positive outcomes found for FTCs in jurisdictions such as Suffolk County, NY, Pima County, AZ, and San Diego (Young, 2003; Ashford, 2004). Development of the KCFTC was motivated by a number of critical issues surrounding the dependency system in King County:

- Parental substance abuse is estimated to be an issue for 70% of families involved in the dependency system in King County.
- An estimated 75% of cases where a child reenters the foster care system are due to parental drug/alcohol abuse.
- Parents who are separated from their children due to substance abuse are more likely to have their children permanently removed because they do not achieve timely and sustainable sobriety. This situation exacerbated by state law and federal regulations requiring time frames for establishing permanence for the child.
- Availability of resources impacts a parent's commitment toward family reunification. A parent may be more willing to enroll and participate in a treatment program at the time of the crisis than he/she would be weeks later, after there has been time to adjust to the situation.
- Semi-annual court reviews do not provide the level of oversight and accountability necessary for dependency cases complicated by parental substance abuse.
- By its nature, the adversarial nature of the dependency court system is not conducive to coordinated and effective intervention in the lives of families impacted by parental substance abuse.

To respond to these concerns, the KCFTC was envisioned as a mechanism to promote the health, safety and welfare of children in the dependency system by actively intervening to comprehensively address the drug, alcohol and other ancillary service needs of families. KCFTC was created in partnership with the Division of Children and Family Services, King County Mental Health Chemical Abuse and Dependency Services Division (MHCADS), King County Court Appointed Special Advocates, public defender offices, and the Office of the Attorney

General. KCFTC received initial funding for one year by King County MHCADS and Washington State DSHS/DCFS Region 4. In addition to support and funding from these organizations, in 2004, KCFTC was awarded a \$450,000 federal Drug Court Implementation Grant.

Goals and Model for the King County Family Treatment Court

KCFTC was the product of over two years of planning and development, including participation in the Federal Drug Court Planning Initiative program. The goal was to create a Court capable of more effectively responding to the needs of parents and children by collaborating across disciplines and working together as non-adversarial team. The KCFTC model represents an adaptation of family treatment courts nationally that, through an integrated, culturally competent, judicially managed collaboration, facilitates timely reunification or an alternative permanency plan. As described in the Court's program materials, there are four primary goals of the KCFTC:

1. Ensure that children have safe and permanent homes within the permanency planning guidelines or sooner;
2. Ensure that families of color have outcomes from dependency cases similar to families not of color;
3. Ensure that parents are better able to care for themselves and their children and seek resources to do so; and
4. Reduce the cost to society of dependency cases involving substances.

To achieve these goals, the KCFTC model includes program elements that are intended to build on this promise of family treatment courts nationally. Some of these elements include:

- Integrated systems (e.g., integration of parental substance abuse treatment and continual review of progress within the traditional dependency court process);
- Early and efficient intervention (i.e., program eligibility determination, chemical dependency assessment, and treatment program enrollment will be completed within nine working days of the filing of a dependency petition);
- Comprehensive services (including detoxification, inpatient services, long-term treatment, recovery house, case management, intensive outpatient, opiate substitution treatment, therapeutic child care, mental health, health, housing assistance, and other services as needed by the parent and child);
- Increased judicial supervision (e.g., case review hearings occur every other week and become less frequent as the parent progresses through the program);
- A holistic approach to strengthening family functioning;
- Individualized case planning and management through the wraparound process;
- Ensuring legal rights, advocacy, and confidentiality;
- Reduced caseloads for DSHS case workers assigned to KCFTC-enrolled families;
- Regularly scheduled staffings and court reviews to improve coordination with the judge and among professionals serving the family;
- Graduated sanctions and incentives tied to reports of treatment progress and compliance with other court orders;
- Continual measurement of program outcomes
- A collaborative, non-adversarial, cross-trained team; and
- Active judicial leadership.

A description of the proposed model elements for the KCFTC, including a theory of change for the program, is included in Appendix A.

Prior evaluation studies of KCFTC

In 2005, King County Superior Court commissioned an initial process evaluation of the KCFTC. The evaluation was designed to assess and better understand the functions and processes that are involved in the KCFTC model and assess the success with which these functions and processes are actually being implemented. The aim was also to learn how effective the Court is perceived to be from the perspective of the KCFTC team members and key stakeholders associated with the dependency court system in King County. The overall goal of this process evaluation was to provide information that could be used to improve the program, and to generate preliminary data on the potential for impact and effectiveness of the Court.

Results of this initial process evaluation indicated that team members and stakeholders of the Court (e.g., advisory members for KCFTC and individuals familiar with the Court systems and dependency systems in King County) were very enthusiastic about KCFTC and viewed it as highly successful. The group felt that KCFTC was generally successful in accomplishing its proposed goals and in serving its target population. Across different functions and proposed outcomes, 80% - 90% of stakeholders in the King County system rated the KCFTC as having a greater potential for positive impact for children and enrolled parents than the regular dependency court system. At the same time, constructive critiques and feedback by those interviewed clearly implied a number of areas that could be enhanced and improved, particularly in areas related to chemical dependency treatment provided, more holistically meeting client-related needs, communication and collaboration among team members, and resources and funding.

In sum, KCFTC team members and County stakeholders clearly perceive that the KCFTC model offers a superior alternative to the regular system; however, data documenting this conclusion has been derived from a subjective source. Though several interviews with KCFTC clients were conducted during the course of the process evaluation, these were primarily conducted as a means of piloting interview protocols for use in future outcome evaluations. At the current juncture, it would be a reasonable priority to conduct a more comprehensive, longitudinal outcome evaluation that assesses both KCFTC functioning and processes as well as client outcomes. Such an evaluation would also be capable of shedding light on the relative cost effectiveness of the KCFTC model.

Outcomes Evaluation Design

Overview

During the course of planning and conducting the process evaluation in 2005-2006, the current research team conducted several forums with KCFTC team members and stakeholders. The consensus of these discussions was that, given the KCFTC's developmental stage, information was most critically needed on:

1. Areas of needed improvement for the Court and possible mechanisms to achieve these improvements;
2. Outcomes data that document the relative success of KCFTC clients as compared to clients of the regular dependency court; and
3. Information about the costs and benefits of the KCFTC versus the regular dependency court

Given these priorities, the proposal that follows describes a three-year evaluation study that will compare outcomes of KCFTC clients to those engaged in the traditional dependency court, as well as continue to assess the KCFTC's ability to adhere to its proposed model, as a means of continuing to present recommendations for needed improvements. The research base on the effectiveness of FTCs nationally has been described as encouraging but preliminary (Ashford, 2004), with few rigorous research studies in the literature. Models for implementing FTC have been found to be relatively unspecified and to vary greatly across jurisdictions. Given this state of the research and practice base nationally and the preliminary nature of KCFTC, it is critical to quality improvement and sustainability efforts to conduct a rigorous outcome evaluation.

With respect to the outcomes component of the evaluation, the study will aim to assess several referral and program completion outcomes for KCFTC-enrolled clients.

- Rates of referral;
- Opt-in and opt-out rates of referred families;
- Reasons for and characteristics of families who “opt-out;”
- Rates of program completion and premature termination; and
- Reasons for and characteristics of families who do not complete the KCFTC process

In addition, the outcome evaluation design will focus on achievement of short- and long-term outcomes, derived from the program's Theory of Change (Appendix A), with comparison wherever possible and appropriate to families who would be eligible for KCFTC but who are enrolled in the regular dependency court.

In addition to the proposed outcomes, the Theory of Change describes important processes that should be included in the evaluation. Examples include integration of parental treatment and judicial oversight/ accountability into court proceedings, chemical dependency (CD) assessment, DCFS assessment, CD treatment, random UAs, case management using a “wraparound”-style team process, interdisciplinary team training, active participation in treatment plan implementation by team members, and pre-hearing case conferences. The success of implementation of such model components will be assessed via interviews with clients, team members, and stakeholders using methods and measures from the initial process evaluation. Doing so will help enable assessment of implementation areas that are improving as well as those that are being performed more poorly over time, allowing for continued quality improvement activities.

Research Questions

As with the process evaluation, initial forums with stakeholders and team members will help to ensure that methods are employed that can address specific learning needs. Overall, the evaluation will intend to answer the following research questions:

- 1) **Does KCFTC produce better outcomes for enrolled children and parents as compared to the typical dependency court?** How well does KCFTC serve the needs of enrolled children and families as compared to the typical dependency court?
- 2) **Does the KCFTC process function in a way that is more effective than the typical dependency court process?** That is to say, is the court successfully implementing its proposed model by integrating treatment with court proceedings, incorporating

comprehensive assessments, providing timely and quality treatment services, having aftercare planning, and engaging the family members in the court process more than typical dependency courts?

- 3) **Are timelines to major milestones (e.g., program completion, permanency, reunification, termination) shorter than for typical dependency courts?**
- 4) **What are the demographics of families referred to, admitted to and rejected by KCFTC, compared to those of families in the regular dependency court?**
Specifically, do KCFTC enrollees represent the most difficult cases in the dependency system? Are KCFTC demographics reflective of the general dependency court population? Are potentially eligible families being rejected for enrollment in KCFTC? Overall, how many cases are lost and what are the characteristics of those families?
- 5) **Ultimately, is KCFTC achieving its proposed goals for enrolled children and families?** These include ensuring that children have safe and permanent homes within the permanency planning guidelines or sooner, ensuring that families of color have outcomes from dependency cases similar to families not of color, and ensuring that parents are better able to care for themselves and their children and seek resources to do so.
- 6) **Is the KCFTC cost effective?** What are the costs of a family's participation in KCFTC as compared to the regular dependency court system? Is the model meeting its goal of reducing the cost to society of dependency cases involving substances? Are cost savings accruing to the public as a result of more positive outcomes? How fully do these cost savings offset the costs of implementing the model?

Method

Study Design

The proposed study design is a three-year, prospective, longitudinal outcome evaluation assessing the effectiveness of KCFTC as compared to the regular dependency court system. Measures and methods are informed by preliminary work conducted by the UW Division of Public Behavioral Health and Justice Policy during its one year process evaluation (July 2005 – June 2006). These preliminary activities included piloting of measures (including parent and staff interviews as well as record review forms) and submission and approval of a protocol submitted to the Washington State Department of Social and Health Services (DSHS) Institutional Review Board (IRB).

The study method will consist of three major components:

1. Interviews with KCFTC-enrolled and comparison group parents at 6 months, 12 months, and 18 months post-enrollment;
2. Record reviews of KCFTC and comparison clients at 12, 24, and 36 months post-enrollment; and
3. Structured interviews with KCFTC staff, team members, and stakeholders at 6 months and 24 months post-study inception.

The comparison sample could be obtained in two ways. The first option would be to randomly assign potential KCFTC parents to either participate in KCFTC or in the regular dependency court process. This design would allow for the most rigorous assessment of the potential differences between the two court systems. If this method was selected, parents would be referred to KCFTC, screened for eligibility criteria, and a pool of appropriate potential KCFTC participants would be created. These parents would be randomly assigned to participate in one of

the two court systems. This option is possible because, currently, the pool of eligible families is larger than the capacity of the KCFTC. However, because the current developmental stage of the KCFTC may not justify the difficulties inherent in a randomized assignment study design, and because IRB approval from DSHS has already been obtained for a comparison study protocol, the remainder of this proposal will discuss use of a quasi-experimental, comparison study design.

The quasi-experimental study design option would involve creating a matched comparison sample from groups of parents who are already participating in KCFTC and the regular system. KCFTC parents would be those parents who have had at least 3 months of experience with KCFTC. Comparison parents would be a “eligible unenrolled” sample drawn from a pool of parents who are involved in King County Superior Court because of an existing dependency petition with related substance abuse issues. The families considered eligible would meet certain criteria indicating their potential eligibility for the KCFTC, and would also have been participating in the dependency court for at least 3 months. A pool of potential comparison parents would be created by identifying families who most closely resemble KCFTC families on matching criteria (e.g., ethnic background of parents and/or child, education level of parent, number of prior dependency petitions related to parent and/or child, mental health diagnoses, substances used, etc). These criteria have been defined in preliminary work between the UW DPBHJP research team and KCFTC and Superior Court staff.

As described above, parent interviews and records reviews will be conducted at months 6, 12, and 18, from the date of the initial dependency petition. Depending on learning needs and recommendations from Court administrators and MIS staff, record reviews could be conducted annually over the course of follow-up, or only at the end of the longitudinal study. Regardless, in keeping with other study designs in this area nationally (e.g., Green et al., 2006), a 5 years post-enrollment follow-up is recommended to assess for long-term outcomes.

Finally, as a supplement to the outcome evaluation, in addition to interviews of parents and reviews of court records and relevant databases, this design also incorporates interviewing KCFTC staff and other personnel involved in the KCFTC process. The interviews involve asking staff about court and team process issues, process questions on the court operations, functions, case flow, and team effectiveness.

Use of Intent-to-treat model for evaluation procedures. Because attrition and self-selection can lead to biased results in experimental and quasi-experimental studies, we propose that the study design involve an “intent-to-treat” protocol whereby all families referred to the KCFTC are included in participant recruitment and data collection procedures. This will require collaboration between KCFTC staff and the research team to ensure that families who are enrolled in the KCFTC but drop out before initiation of data collection are included in the evaluation. Though families who ultimately drop out of KCFTC can also be analyzed separately in analyses, inclusion of these families in data collection and analysis of impact will allow us to assess differences that arise between the KCFTC and comparison groups due to non-compliance and self-selection among KCFTC dropouts.

Measures

Measures will include a structured parent interview, a structured staff interview, and standardized record review instruments. These are attached in Appendix B. These instruments were created for this study and tailored to address the research questions. Therefore, no

reliability information exists at this time for the overall interview and many of its questions. However, wherever possible, items have been included from scales with established reliability and validity. Examples of such measures include the Wraparound Fidelity Index, version 3 (see Bruns et al., 2004) and the Services Assessment for Children and Adolescents (SACA; see Horwitz et al., 2001). The majority of the questions contained in the parent interview were obtained from a questionnaire currently being used in a multi-site national study of Family Treatment Courts conducted by NPC Research with funding from U.S. Department of Health and Human Services (Green et al., 2006). Many of the questions were retained close to their original form in order to allow for direct comparison to the results of the national study.

Procedures

Sample recruitment and referral. Potential participants will be identified through their association with the dependency process due to parental involvement in alcohol or other substance use. Dependency cases that involve issues of parental substance abuse will be identified by the King County Superior Court Liaison Unit. Potential participants, both KCFTC participants and regular dependency court participants, will initially be contacted through their attorneys to obtain the consent to contact regarding their potential participation in the study. Due to the likelihood of enrollment and data collection challenges, it may also be investigated whether access to records and administrative data for families who are difficult to engage with and enroll in the study without getting parental consent is possible, such as via an IRB-approved HIPAA Waiver of Authorization.

To enroll parents in the study, attorneys working with KCFTC-enrolled families and in the typical dependency court will be briefed on study referral procedures. Having the initial contact be made by the potential participant's attorney will reduce the likelihood of coercion as the attorney has a role to protect the rights of the client. For those being screened or entering KCFTC, those parents could also be provided with a consent to contact during their initial intake into the program, which would facilitate potential study participation. The potential participant can choose to accept or reject the consent to be contacted.

If the participant agrees to be contacted, a member of the research team will first attempt to contact the participant by phone if a number is provided on the consent to contact form. The research team member will arrange a time and place that is convenient for the participant to meet to review the consent form and ask for consent to participate. (At court may be most efficient for most of these parents). If the research team is unable to reach the participant by phone, a letter will be sent requesting a meeting to explain the consent form. When the participant meets with research team member, participants will be provided both with a consent form to participate in the study as well as a HIPAA-compliant release of information form related directly to releasing their DSHS records. If, after review and explanation of the consent form, the participant decides to participate in the study, the participant will be asked to review and sign the HIPAA release form. At that time an appointment will be made with the participant at a time and place convenient for them to be interviewed.¹

For those parents who agree to participate in the research study, a process for obtaining the children's records will be pursued. For all children legal authorization for use and disclosure of

¹ **NOTE:** The methodology described and associated recruitment and consent forms have been reviewed and approved by the DSHS IRB. Copies of these recruitment and consent materials are presented in Appendix C.

confidential information in CAMIS about the child will be obtained from the child's legally authorized representative. This person may be the child's parent, the child's social worker at the Department of Social and Health Services or possibly the child's court appointed counsel.

Parent interviews. Parents who consent to participate will be contacted at 6, 12, and 18 months post-petition to complete an interview that includes questions in the following areas:

- Background and demographic information
- Substance Use History
- Parental motivation for treatment
- Parental perceptions of treatment access and appropriateness
- Social support for recovery
- Service Delivery
- Intervention Frequency
- Quality of relationships
- Understanding of ASFA/child welfare process
- Wraparound Adherence
- Visitation and Parent-Child Interactions
- Child Services
- Court Process and Functions
- Court Outcomes

Pilot testing of the interview protocol has determined that completion of the full interview protocol takes approximately 1 hour. Participating parents will be provided with a \$20 gift card for their time. Though inclusion of a youth interview may be cost-prohibitive, a youth interview could also be constructed that evaluates the successful completion of KCFTC processes and assesses outcomes relevant to youth report. Youth would receive a \$10 gift card for their participation.

As for all procedures, employment of the 'intent to treat' approach to participant enrollment and data collection will demand that KCFTC dropouts will continue to be followed for the duration of the study period, including completion of interviews.

DSHS record reviews. Once HIPAA releases are obtained, record reviews of DSHS data will require extraction from two databases. The TARGET database is maintained by DASA and provides information on drug and alcohol assessment and treatment services. The time periods involved will vary across study participants and will generally include assessment and treatment-related activities since the dependency process was initiated, which begins when the initial CPS report was made that led to the filing of the dependency petition. The time period will end when the data collection for the study ends. The total time period, therefore, will vary depending on how long the individual participants have been in the dependency process when the record review is conducted. Table 1 provides an example of the types of data elements captured by this system. Information on study participants would only be available in this system if participants are receiving services from drug and alcohol treatment agencies that provide information to DASA.

Table 1. Sample data elements to be accessed via the TARGET database.

Data element	Source in TARGET
Assessment date	DSHS 04-416, section II, item 1

Assessment type	DSHS 04-416, section II, item 3
Admission date	DSHS 04-416, section III, item 1
Current stage of use	DSHS 04-416, section IV, item 3
Poly substance use	DSHS 04-416, section IV, item 4
Drug of choice	DSHS 04-416, section IV, item 8
Treatment activities-date	DSHS 04-418, section II
Treatment activities-type code	DSHS 04-418, section II
Treatment activities-attendance code	DSHS 04-418, section II
Discharge or closure type	DSHS 04-416A, section I, item 5
Discharge-admission date	DSHS 04-416A, section II, item 1
Discharge-discharge date	DSHS 04-416A, section II, item 2
Left treatment due to relapse	DSHS 04-416A, section II, item 4
Discharge recommendation	DSHS 04-416A, section II, item 5
Treatment compliance	DSHS 04-416A, section II, item 6
Other service referral at discharge	DSHS 04-416A, section II, item 7

The other major database system is CAMIS, maintained by the Children's Administration which provides information about dependency issues and services. Information on study participants can be most efficiently accessed by parent and child CAMIS person ID. Therefore it is highly recommended that social workers be asked to provide these ID numbers. Table 2 provides an example of the type of data elements contained with the CAMIS system.

Table 2. Sample data elements contained in the CAMIS database.

Data element
CPS referrals, risk at intake, and findings
Prior terminations/relinquishments of parental rights
Date of child /parent visitations, supervised, unsupervised (SCR codes)
Child DOB
Child gender
Child ethnicity/race
All placement episodes, start and stop dates
All placement events, types, business id, start and stop dates
Legal custody, legal actions, legal status
Assessment: Date of CHET assessment
Services received by parent and child, service start and end dates (SSPS codes)

Court record review. Court records for KCFTC parents will involve review of the KCFTC files as well as Electronic Court Records (ECR). KCFTC files contain information on court staffings, use of sanctions and incentive, and reports from team members such as social workers, CASAs, PCAPs, and CD treatment providers. ECR will provide information for both KCFTC participants as well as those in the comparison condition. ECR contains information on the dependency petition and court hearings as well as timelines of major milestones in the court process. The research team will need to work with KCFTC program staff and the King County Superior Court Liaison Unit to gain permission to gather information from ECR. A court order granting access once consent has been obtained may be needed.

Data Analysis

Hypotheses and rationale

Hypotheses extending from the major research questions are summarized below. Operational definitions are to the right of each hypothesis followed by the proposed methods to assess the hypothesis.

Table 3. Hypotheses and proposed analytic methods

Hypothesis	How operationalized	Method and data analysis
KCFTC produces better outcomes for enrolled children and parents as compared to the typical dependency court.	Assessment of short- and long-term outcomes for parents and children such as ability of the parent to get and remain sober, achieving permanent placement for the child.	Interviews of parents and staff of perceptions of degree of success in achieving outcomes for families. Review of records to determine rates of permanent placements, reunification, re-entry into the dependency system, drop-out rates of court process, drop-out rates of DC treatment, graduation rates of court and DA treatment programs
KCFTC serves the needs of enrolled families better than the typical dependency court.	Parents and children receive faster, more high quality, services and supports than comparison families.	Parent report of timeliness, appropriateness, quality of services received; Record review of quantity, type, and timeliness of services received.
KCFTC processes function in a way that is more effective than the typical dependency court process.	KCFTC integrates treatment with court proceedings, incorporating comprehensive assessments, providing timely and quality treatment services, having aftercare planning, and engaging the family members in the court process more than typical dependency courts.	Parent interviews of their perceptions of court processes and their engagement in the court. Staff interviews of perceptions of court processes, services, integration efforts, and involvement of families in the court.
Timelines to major milestones are shorter than for typical dependency courts.	Assessment of major milestones for dependency process in KCFTC vs. comparison court including program completion, permanency, reunification, termination.	Reviews of court records and DSHS records related to dependency matters.
Families served by KCFTC have demographic characteristics that are reflective of the general dependency court population.	Assessment of demographics of KCFTC and regular system (e.g. ethnicity of parents and children, gender of parents, income and education level of parents).	Review of court records related to specific cases and review of records summarizing statistics of the general dependency population.
KCFTC is meeting its	Assessment of case flow for	Review of court and DSHS

proposed goal of ensuring that children have safe and permanent homes within the permanency planning guidelines or sooner	KCFTC cases for adherence to national best practice standards and ASFA timelines.	records.
KCFTC is meeting its proposed goal of ensuring that families of color have outcomes from dependency cases similar to families not of color.	Assessment of demographics of families KCFTC serves as compared to the regular system; assessment of outcomes of families of color versus those not of color.	Reviews of court and DSHS records to determine the extent to which KCFTC is serving a representative population. Examination of parent and child outcomes by ethnic background.
KCFTC is meeting its proposed goal of ensuring that parents are better able to care for themselves and their children and seek resources to do so.	The degrees to which parents and relevant professionals view parents have obtained the skills and resources to have successful outcomes for themselves and their children.	Interviews with parents and staff (social workers, CD staff, mental health workers, etc).
KCFTC is meeting its proposed goal of reducing the cost to society of dependency cases involving substances.	The cost of families participating in KCFTC versus the regular system is more cost effective over time.	Cost-benefit analyses (see description of methodology, attached)

Analytic procedures

Approach to Data Analysis. The KCFTC process evaluation study will utilize four primary methods for determining its conclusions.

First, we will assess the relative achievement of the KCFTC model in practice. This will be accomplished by producing descriptive and frequency data from the quantitative (e.g., Likert-scale) sections of the Parent Interview and record review data forms for KCFTC participants. In addition, qualitative data from the Parent Interviews will be summarized by themes (see below for a description of the analytic approach to qualitative interview data). Quantitative data and interview themes will be presented in alignment with the proposed activities of the KCFTC, which were derived from the KCFTC logic model. Relative strengths and weaknesses in accomplishment of KCFTC processes and short-term outcomes will be identified through Analyses of Variance (ANOVA) on quantitative data and presentation of themes from interviews.

Second, we will assess quality of KCFTC process by comparing results from the Parent Interview and record review to findings from national studies that have used the same instruments (e.g. the WFI) or national studies of the same population. Many of the interview items included in the parent interview come from a multi-site national study of FTC process and outcomes conducted by NPC Research with funding from U.S. Department of Health and Human Services. Quantitative data from items derived from the WFI will be compared to national WFI samples (See Bruns et al., 2004). For quantitative data from Parent Interview questions, significance of between-group differences for KCFTC participants versus participants

in the national FTC study will also be assessed. These comparisons will be conducted using analyses of variance with Bonferroni correction. In addition, comparisons may be made between differences in effect sizes for the KCFTC (vs. comparison group) to the 4 courts in the national study.

Third, we will assess the quality of KCFTC processes and short-term outcomes by comparing results for KCFTC participants and families in the traditional dependency court process. Between-group differences will be assessed for results of both the Parent Interview (e.g., domains such as satisfaction with treatment processes, engagement in services, motivation to abstain from substance abuse) and Record Review (e.g., length of time between program entry and permanency, percent of reunifications, rate of visitation). Such comparisons will be conducted via Analyses of variance (ANOVA), Multiple Analyses of Variance (for domains with multiple items), and Analyses of Covariance (ANCOVA). ANCOVA will be used for variables found in preliminary analyses to be correlated with demographic variables that may differ for the KCFTC and comparison groups. In addition, survival analyses (e.g., using Cox Hazards models) will be employed for “tie to” variables such as permanency, reunification, and re-entry.

Fourth, in order to address questions of the representativeness of KCFTC participants, between-group comparisons on demographic data will be conducted for KCFTC participants and published descriptions of participants in the overall dependency court system.

Study timeline

A detailed study timeline is presented in Appendix D. This timeline presents an accelerated data collection timeline that is possible by virtue of previous pilot work with the proposed measures and previous submission and approval of study protocols by the state DSHS IRB.

Given the current KCFTC enrollment of N=33 parents, which will be immediately eligible for participation in the evaluation study, and prospective enrollment of approximately 2 new families per month over the course of the evaluation, we anticipate the following recruitment milestones:

Table 5. Target recruitment milestones

Date	KCFTC group (cumulative)	Comparison group (cumulative)
March 2007	25	15
September 2007	35	25
March 2008	45	35
<i>April 2008</i>	<i>Interim report on one year outcomes for N=80 families total across 2 groups</i>	
September 2008	55	50
April 2009	65	65
<i>September 2009</i>	<i>Final report on 2—3-year outcomes for N=130 families total across 2 groups</i>	

Budget

A summary of a proposed budget for the evaluation scope of work is presented in Appendix E.

Appendix A

King County Superior Court, Family Treatment Court Program: Logic Model

Resources	Activities	Outputs	Short-term Outcomes	Long-term Outcomes	Goals
<ul style="list-style-type: none"> Judge FTC Program Manager DCFS Court Unit FTC AAG Parent's Attorney Child's Attorney FTC Social Worker Staff doing full CD assessment Treatment provider CASA Judge's Bailiff FTC admin. ass't Courtroom clerk FTC policies & procedures Related disproportionality projects Matrix of goals, expectations, and requirements for advancement in FTC with 3 levels Graduated sanctions & incentives 50 children Parents of 50 children 	<ul style="list-style-type: none"> Ensure legal rights for parents and children are protected Integration of parental CD treatment and enhanced judicial oversight and accountability into traditional dependency case process FTC eligibility assessment CD assessment DCFS comprehensive, strength-based assessment of parents and children Provide services based on DCFS assessment CD treatment Random UAs Expanded visitation Overall case mgmt- FTC program mgr. Case mgmt by each FTC team member in their area Interdisciplinary training for FTC team Non-adversarial participation by FTC members in supporting parents efforts for sobriety and family reunification Preparation of progress reports Pre-hearing case conferences Create MOUs with each FTC team member's role and responsibility Establish and follow communication protocols for FTC team Court hearings Provide incentives & impose sanctions Program graduation Program expulsion Create links to providers & community to better serve client needs 	<ul style="list-style-type: none"> Eligibility for FTC, CD assessment, and treatment program enrollment completed quickly Written progress reports by treatment provider and DCFS prior to each case conference Pre-hearing case conferences before every review hearing Case review hearings every other week at Level 1; every other week to monthly at Level 2; and monthly to every 6 weeks at Level 3 Sanctions/incentives addressed at next court hearing after notification Parents of 50 child-ren receive CD tx 50 children and their parents receive effective and timely ancillary services based on assessment Parents of 40 children graduate from FTC Individualized service and safety plan tailored to needs of each family 	<ul style="list-style-type: none"> FTC participants reflect the race, ethnicity, age and gender of the general population of parents involved in DCFS dependency cases Increase number of parents with chemical dependency issues that are screened, assessed, and timely placed in the most appropriate treatment modality Increase parents' rate of enrollment in tx Increase parents' CD tx compliance rates Increased rate of completion of tx Decreased rate of re-entry into treatment Increased assistance from FTC team to provide parents/children with services to comply with court orders, court-ordered services, and access to other needed services. Services may include: Individualized service plan for each child; Housing for children and parents; Health, mental health, and dental care for children and parents; Parenting education; Job training Increased rate of parents' compliance with court orders Increased access to visitation Decreased placement disruptions Increased collaboration among FTC team and partner agencies for FTC cases 	<ul style="list-style-type: none"> Increase family reunification rates, especially for families of color Earlier ability to determine if reunification is unlikely & develop alternative permanent placement plan Decrease avg. length of stay in out-of-home care Reduce longer avg. stays of children of color in out-of-home care Decrease out-of-home costs Increase after-care planning and connection to services Reduce subsequent out-of-home placements Reduce filing of subsequent delinquency cases Increase collaboration among partner agencies in non-FTC cases 	<ul style="list-style-type: none"> Children have safe and permanent homes within the permanency planning guidelines or sooner Families of color have outcomes from dependency cases similar to those of families not of color Parents are better able to care for themselves and their children and seek resources and support to do so Cost to society of dependency cases involving substance abuse is reduced

King County Superior Court, Family Treatment Court Program: Theory of Change

If this happens.	This will be the result
If parental CD treatment and frequent and active judicial oversight and accountability are integrated into the traditional dependency case process	<ul style="list-style-type: none"> Parents' treatment compliance and completion rates will increase FTC team members will complete their responsibilities more quickly Cases will move more quickly through the system
If parents who need CD treatment are able to access the appropriate type and level of treatment in an expedient manner	<ul style="list-style-type: none"> Parents are more likely to engage in treatment
If effective CD treatment plans are developed based on a thorough assessment	<ul style="list-style-type: none"> The treatment provider will implement the plan with fidelity Treatment is more likely to lead to sobriety
If incentives and sanctions are provided in a timely way upon progress or infractions	<ul style="list-style-type: none"> Parents' treatment compliance and completion rates will increase
If DCFS conducts a comprehensive, strength-based assessment of each child and parent	<ul style="list-style-type: none"> Services to the children and ancillary services to parents will be provided consistent with the assessments and individualized needs
If parents and older children are involved in case planning and the assessment of service needs	<ul style="list-style-type: none"> Services will better fit the individualized needs of parents and children Parents are more likely to comply with service plans
If DCFS provides increased and timely assistance to parents and children as described in court orders	<ul style="list-style-type: none"> Parents are more likely to be able to comply with court orders Cases will move more quickly through the system
If parents receive timely and effective services to address issues that led to dependency	<ul style="list-style-type: none"> Children will gain substantial benefits from parents' sobriety and increased ability to meet the needs of their children
If parents and children have more frequent visitation	<ul style="list-style-type: none"> Children and parents can better maintain the child-parent bond and reunification is more likely
If FTC team members work in a non-adversarial way	<ul style="list-style-type: none"> Intervention will be more effective Cases will move more quickly through the system Problems will be spotted and addressed sooner
If FTC team members know each other as individuals	<ul style="list-style-type: none"> Intervention will be more effective Cases will move more quickly through the system Problems will be spotted and addressed sooner
If FTC members prepare written progress reports before each case conference	<ul style="list-style-type: none"> All team members will have relevant information to jointly determine which issues need to be addressed in court hearings
If team members execute an MOU spelling out roles, responsibilities, and communication protocols	<ul style="list-style-type: none"> Team members will fulfill meet the terms of the MOU in an effective and timely way
If parents graduate from the FTC program	<ul style="list-style-type: none"> They are less likely to relapse They are less likely to re-enter the dependency system Children will experience fewer subsequent out-of-home placements

APPENDIX B: Measures

Parent Interview

KCFTC Team member/stakeholder interview

Record review coding instrument

KING COUNTY FAMILY TREATMENT COURT EVALUATION PARENT INTERVIEW

A. Interview Information

A1. Participant ID number: _____

A2. Interviewer: _____

A3. Location of interview:

1= DYS Building

2= Residential Treatment

3= Respondent's Home

4= Other Home

5= Other: _____

A4. Date of interview: _____/_____/_____

A5. Time interview started: _____:_____ AM/PM

A6. Time interview completed: _____:_____ AM/PM

A7. Circle status of the interview:

1=Complete

2=Partially complete second session scheduled

Date rescheduled: _____/_____/_____

_____ Check here when complete

3=Partially completed, refused to continue

A8. Respondent Gender [Coded by Interviewer, not asked]:

0=Male

1=Female

A9. Target Child Name: _____

A10. Target Child Age: _____

A11. Petition Date: _____

Processing Information:	Initials	mo/day/yr
Checked by interviewer:	_____	____/____/_____
Received by coordinator:	_____	____/____/_____
Checked by coordinator:	_____	____/____/_____
Data entered:	_____	____/____/_____

B. Background Information

Before we start, I want to thank you for your interest in this project and for agreeing to meet with me today. By completing this interview, you are helping to improve services for families like yours.

We hope that you feel free to answer our questions honestly, so that data will be as complete as possible. There are no right or wrong answers; we just need to know what is true for you and your family based on your experiences.

It is important that I read every question, all the way through, for everyone who participates in our project. Since the questions apply to different kinds of families, please wait until I have read all the possible answers before giving me yours, even if your answer was the first one that I read.

First, I have some basic background questions for you.

B1. What is your age? _____
88=Refused

B2. How would you describe your racial/ethnic background; that is, with which groups do you identify?
[Read each response and mark all that apply]

- 1= American Indian or Alaska Native
- 2= Asian
- 3= Black or African American
- 4= Hispanic or Latino
- 5= Native Hawaiian or other Pacific Islander
- 6= White or Caucasian
- 7= OTHER [Specify] _____
- 88=Refused

The next set of questions asks about your household status. [Read each response]

B3a. Are you currently married, divorced or separated?

- 0=No [Skip to B4d]
- 1=Married
- 2=Divorced [Skip to B4d]
- 3=Separated [Skip to B4d]
- 88=Refused

B3b. Is your partner/spouse the parent of one or more of the children in the current child welfare case?

- 1=Yes
- 0=No
- 88=Refused
- 66=Not Applicable

B3c. Are you currently living with your spouse?

1=Yes [Skip to B5]

0=No

88=Refused

66=Not Applicable

B3d. Are you currently living with a partner?

1=Yes

0=No [Skip to B5]

88=Refused

66=Not Applicable

B3e. Is the person you're living with the parent of one or more of the children in the current child welfare case?

1=Yes

0=No

88=Refused

66=Not Applicable

B4. How many children do you have? _____

88=Refused

B5. How many of these children are currently living with you? _____

88=Refused

66=Not Applicable

B6. Before this child welfare case, had any of your children been placed out of your care by DSHS or voluntarily?

1=Yes – DSHS

2=Yes – Voluntarily

3=Yes – Both

0=No

88=Refused

66=Not Applicable

Now, I have a few questions to ask about your education, current employment and living situation.

B7a. What is the highest educational degree you have obtained: *[Read each response and mark one]*

0=Less than High School, no GED

What is the highest grade you completed? _____

1=High School Diploma or passed GED

2=Vocational or trade school certification/degree

3=Some vocation or trade school

4=Two-year associate degree or some 4-year college

5=Four-year college degree or higher

88=Refused

B7b. Are you currently enrolled in any school or training program?

1=Yes

0=No [Skip to B9a]

88=Refused

B7c. Please tell me what kind of school or training program you're currently enrolled in: *[Mark all that apply.]*

1=High school completion/GED test preparation

2=Vocational/trade, or other job training program

3=Degree seeking at a community college

4=Non-Degree seeking at a community college

5=Degree seeking at a 4-year college

6=In graduate (post college) school

88=Refused

66=Not Applicable

B8a. What is your current employment status, (or status to which you will return if you are on maternity/paternity leave): *[Read each response and mark only one]*

1=Working full-time (35 or more hours per week)

2=Working part-time

3=Unemployed or laid off and looking for work

4=Unemployed and NOT looking for work

5=Full-time homemaker

6=Unemployed because in school

7=Retired

8=Disabled for work

88=Refused

B8b. Are you currently on maternity/paternity leave?

1=Yes

0=No

88=Refused

B9. In the past 90 days, have you collected any:

	Yes	No	Don't Know	Refused
B9a. Temporary Assistance for Needy Families (TANF), General Assistance, or any form of welfare	1	0	77	88
B9b. Food stamps	1	0	77	88
B9c. SSI (Child or parent)	1	0	77	88
B9d. Disability (Parent)	1	0	77	88
B9e. WIC	1	0	77	88

B10. Where are you currently living? *[Select one.]*

1=House, mobile home, or apartment

2=Residential hotel, rooming house

3=Residential treatment facility

4=Transitional housing

5=Shelter

6=Emergency housing

7=Homeless

8=Jail or prison

9=Other: _____

88=Refused

B11. I am going to describe some different types of medical and other service needs that you may be experiencing. I will not ask you to share any details; please just tell me which apply to you.

a) *[IF FEMALE]* Are you currently pregnant?

1=Yes

0=No

88=Refused

66=Not Applicable

b) Do you currently have any chronic medical problems (for example, asthma, diabetes, HIV/AIDS, Hepatitis, TB, or cancer)?

1=Yes

0=No

88=Refused

c) Are you currently receiving treatment for substance abuse?

1=Yes
0=No
88=Refused

d) Do you consider yourself to be in recovery?

1=Yes
0=No
88=Refused

B12 is asked only of comparison group participants

B12a. Have you been given the opportunity to enroll in the Family Treatment Court?

1=Yes
0=No
77=Don't Know (Skip to Section C)
88=Refused (Skip to Section C)

B12b. Why did you decide not to participate in Family Treatment Court? [Mark all that apply]

1=Too busy
2=Lawyer's advice
3=Not interested
4=I don't need it
5=Other: _____
88=Refused
66=N/A

C. Substance Use History

As you know, we are studying court processes for parents involved in the child welfare and alcohol and drug treatment systems. Because of this, we want to start by asking you some questions about your experiences with alcohol and other drugs, and getting treatment for these issues. Remember that what you tell me today will remain confidential and will not be shared with anyone.

C1. Which of these substances has been the major problem? *[Circle all that apply]*

a	Alcohol—to the point where you felt its effects {intoxication}
b	Heroin
c	Other opiates/analgesics, such as painkillers or Morphine (dilaudid, demoral, percocet, percodan, pantopon, dia-quel, darvon, darvoet, talwin, codeine)
d	Barbituates or “downers” (Nembutal, seconal, tuinal, amytal, pentobarbital, secobarbital, phenobarbital, fiorinol, doriden, placidly)
e	Other sedatives or tranquilizers (benzodiazepines, valium, Librium, ativan, serax, tranxene, dalmane, halcyon, xanax; phenothiazines, thorazine, stelazine, haldol, navan, senitil, mellaril, prolixin, compazine, miltown; Other: chloranhdrate, tofranil, Quaaludes)
f	Cocaine, including Crack
g	Amphetamines or Speed (Monster, Crank, Benzedrine, desecrine, ritaline, crystal)
h	Cannabis—Marijuana or hashish
i	Hallucinogens, like LSD or mushrooms (mescaline, peyote, green, PCP, angel dust)
j	Inhalants (nitrous oxide, amyl nitrate, whippets, poppers, glue, solvents)
k	Any other substances

C2. In the 30 days before the start of your child welfare case, how many days did you experience:

C2a. Alcohol problems? _____

C2b. Drug problems? _____

SHOW CARD A

For the following questions, please use the answer choices on this card. The answer choices are not at all, slightly, moderately, considerably, and extremely. *[Give the respondent Show Card A and read all responses for the first two questions.]*

	Not at all	A little bit	Somewhat	Very	Extremely	Not Applicable	Don't know	Refused
C3. How troubled or bothered were you by these problems in the 30 days before the start of your child welfare case?	1	2	3	4	5	66	77	88
C4. How important to you now is treatment for these alcohol or drug problems?	1	2	3	4	5	66	77	88

D. Parental motivation for treatment

SHOW CARD B

The next set of questions asks about how important treatment for drug and alcohol problems is to you now. Please use this card, and tell me if you strongly disagree, disagree, agree, or strongly agree with the following statements. *[Give the respondent the Show Card B and read the response choices for the first two items. Ask all items D1-8, and ask D9-D12 only if respondent is in treatment.]*

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Don't Know	Refused
D1. You could be sent to jail or prison if you are not in treatment.	1	2	3	4	66	77	88
D2. You feel a lot of pressure to be in treatment.	1	2	3	4	66	77	88
D3. You have family members who want you to be in treatment.	1	2	3	4	66	77	88
D4. Your drug use is a problem for you.	1	2	3	4	66	77	88
D5. You need help in dealing with your drug use.	1	2	3	4	66	77	88
D6. Your drug use is causing problems with your family or friends.	1	2	3	4	66	77	88

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Don't Know	Refused
D7. You are tired of the problems caused by drugs.	1	2	3	4	66	77	88
D8. You want to get your life straightened out.	1	2	3	4	66	77	88
D9. You want to be in a drug treatment program.	1	2	3	4	66	77	88
D10. This treatment program seems too demanding for you.	1	2	3	4	66	77	88
D11. You are in this treatment program because someone else made you come.	1	2	3	4	66	77	88
D12. This treatment program can really help you.	1	2	3	4	66	77	88

E. Parental perceptions of treatment access and appropriateness

SHOW CARD B

The next set of questions will address your experiences in getting access to alcohol or drug treatment since the start of your dependence case. *[Give the respondent the Show Card B and read the response choices for the first two items.]*

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Don't Know	Refused
E1. It has been easy for me to get the substance abuse treatment services I think I need.	1	2	3	4	66	77	88
E2. I received a thorough and high-quality assessment of my substance abuse issues before beginning treatment services	1	2	3	4	66	77	88
E3. The substance abuse treatment services I am receiving/I did receive are/were helpful to me.	1	2	3	4	66	77	88
E4. The location of substance abuse treatment services was convenient (for example, parking,	1	2	3	4	66	77	88

	Refused	Don't Know	Not Applicable	Strongly Agree	Agree	Disagree	Strongly Disagree
public transportation, location, etc.).							
E5. Overall, I am satisfied with the substance abuse treatment services I have received.	88	77	66	4	3	2	1

F. Social support for recovery

SHOW CARD B

There is one last set of questions I want to ask about drug and alcohol treatments you have received. For these questions, I want to ask about the types of support you may or may not have to help you in your recovery. *[Use Show Card B and read each response option for the first two items. Skip F4-F6 if the respondent is not in recovery.]*

	Refused	Don't Know	Not Applicable	Strongly Agree	Agree	Disagree	Strongly Disagree
F1. My partner/spouse wants me to stay sober.	88	77	66	4	3	2	1
F2. My partner/spouse uses drugs or alcohol.	88	77	66	4	3	2	1
F3. I have other close friends or family members who want me to stay sober.	88	77	66	4	3	2	1
F4. There are people involved in the court system who help me in my recovery.	88	77	66	4	3	2	1
F5. I have other close friends or family members that help me in my recovery.	88	77	66	4	3	2	1
F6. I feel like the judge involved in my dependency case helps me in my recovery.	88	77	66	4	3	2	1

G. Service Delivery

SHOW CARD C

Now, I am going to ask you about the services you could get and that you may or may not actually be receiving. As I read this list, please tell me whether you needed the following services in the past 30 days. I will then ask you some other questions about that service.

Service	a. Have you needed <i>[service]</i> in the past 30 days?		b. <i>[If yes to a]</i> , did you obtain the service?		c. <i>[If yes to b]</i> , Who helped you get this service?	d. <i>[If yes to b]</i> , How helpful was the service? <i>[Use Show Card C]</i> 1=Not at all helpful 2=A little helpful 3=Somewhat helpful 4=Very helpful 5=Extremely helpful				
G1. Help with transportation	Y	N	Y	N		1	2	3	4	5
G2. Help with housing	Y	N	Y	N		1	2	3	4	5
G3. Help getting health insurance	Y	N	Y	N		1	2	3	4	5
G4. Help/services for your children, such as counseling or medical services	Y	N	Y	N		1	2	3	4	5
G5. Parenting classes	Y	N	Y	N		1	2	3	4	5
G6. Childcare	Y	N	Y	N		1	2	3	4	5
G7. Help finding employment	Y	N	Y	N		1	2	3	4	5
G8. Financial assistance	Y	N	Y	N		1	2	3	4	5
G9. Mental health services	Y	N	Y	N		1	2	3	4	5
G10. Substance abuse assessment	Y	N	Y	N		1	2	3	4	5
G11. Substance abuse treatment services	Y	N	Y	N		1	2	3	4	5
G12. Medical services/medication	Y	N	Y	N		1	2	3	4	5

H. Intervention Frequency

Now I am going to ask you about your involvement with the Court and people who are working/worked on your dependency case. First, please tell me how often during your dependency case each of the following things has occurred.

SHOW CARD D

This card will help you choose your answer to each question. The answer choices, as shown on this card, are never, once during the past month, 2 to 3 times, once a week, or more than once a week. *[Give the respondent the Show Card D and read the response choices for the first two items.]*

	Never	Once	2-3 times	Once a week	More than once a week	Applicable Not	Don't Know	Refused
H1. Appeared in court for this child welfare case?	0	1	2	4	5	66	77	88
H2. Had a urinalysis (UA, or urine test to check for substance use)?	0	1	2	4	5	66	77	88
H3. Met with or spoken to your attorney?	0	1	2	4	5	66	77	88
H4. Met with or spoken to your child welfare caseworker/social worker?	0	1	2	4	5	66	77	88
H5. Met with or spoken with a substance abuse treatment counselor?	0	1	2	4	5	66	77	88
H6. Met with or spoken with a case manager or someone besides your child welfare caseworker who is helping you with your child welfare plan?	0	1	2	4	5	66	77	88

I. Quality of relationships

SHOW CARD B

Now I am going to ask you about how you feel about the relationships you have/had with people in the court, child welfare system, and service system. Remember that all your answers will be kept confidential and that no one will know the answers that you give. *[Give the respondent Show Card B and read each response option for the first two questions.]*

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Don't Know	Refused
I1. The judge cares/d about what happens to me.	1	2	3	4	66	77	88
I2. The judge is/was knowledgeable about my case.	1	2	3	4	66	77	88
I3. The judge explains/d to me what I need to do to get or keep custody of my child[ren].	1	2	3	4	66	77	88
I4. The judge helps/d me get what I need (“goes to bat” for me). Etc...	1	2	3	4	66	77	88
I5. My child welfare case worker cares about what happens to me.	1	2	3	4	66	77	88
I6. My child welfare case worker is knowledgeable about my case.	1	2	3	4	66	77	88
I7. My child welfare case worker explains to me what I need to do to get or keep custody of my child[ren].	1	2	3	4	66	77	88
I8. My child welfare case worker helps me get what I need (“goes to bat” for me).	1	2	3	4	66	77	88
I9. My treatment counselor cares about what happens to me.	1	2	3	4	66	77	88
I10. My treatment counselor is knowledgeable about my case.	1	2	3	4	66	77	88
I11. My treatment counselor explains to me what I need to do to get or keep custody of my child[ren].	1	2	3	4	66	77	88
I12. My treatment counselor helps me get what I need (“goes to bat” for me).	1	2	3	4	66	77	88
I13. There is a team of people helping me with my case.	1	2	3	4	66	77	88
I14. I know several professionals I can turn to if I need help or advice.	1	2	3	4	66	77	88

J. Understanding of ASFA/child welfare process

Now I have some questions about how you are feeling or felt about your experiences with the child welfare system. Please tell me whether you strongly agree, agree, disagree, or strongly disagree.

SHOW CARD B

This card will help you choose your answer to each question. The answer choices, as shown on this card, are strongly disagree, disagree, agree, or strongly agree *[Provide Show Card B and read each response option for each question.]*

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Don't Know	Refused
J1. I am/was worried that I may not regain custody of my child[ren].	1	2	3	4	66	77	88
J2. I have/had a clear understanding about what I need to do to have my child[ren] returned to me.	1	2	3	4	66	77	88
J3. I am/was confused about what is happening with my child[ren].	1	2	3	4	66	77	88
J4. I am/was worried that I will lose custody of my child[ren].	1	2	3	4	66	77	88
J5. I have/had a clear understanding about what I need to do to complete my child welfare service plan.	1	2	3	4	66	77	88

K. Wraparound Adherence

Now I am going to ask you a series of questions about the services and supports that you and your family are receiving now or during your dependency case.

SHOW CARD E

For each question you can answer “Yes,” “Sometimes” or “Somewhat,” or “No.” Please answer all questions as well as you can. *[Give respondent Show Card G and read each response option for the first two questions].*

	No	Sometimes Somewhat	Yes	Applicable Not	Don't Know	Refused
K1. As the primary caregiver, are you given highest priority when making major decisions?	1	2	3	66	77	88
K2. Is there a friend or advocate of your family who actively participates with you in the court process?	1	2	3	66	77	88
K3. Are the services and supports that your family needs hard to reach because they are far away?	1	2	3	66	77	88
K4. Does your family have frequent opportunities to tell the people who help you about your beliefs and traditions?	1	2	3	66	77	88
K5. Does anyone who works with you act like she or he could be a better caregiver than you are for your child?	1	2	3	66	77	88
K6. Does the team of people working with you in your court process understand your child and family well enough to effectively plan services and supports with you?	1	2	3	66	77	88
K7. Did you take part in creating a written plan that identifies supports and services that meet your child's needs at home, school, and in the community?	1	2	3	66	77	88
K8. Do the people who work with you in your court process help you receive support from your friends and family?	1	2	3	66	77	88
K9. Do the people who work with you in your court process help your child develop friendships with other youth who will have a good influence on his or her behavior?	1	2	3	66	77	88
K10. Do you think that in the future services will be there when you need them?	1	2	3	66	77	88
K11. Does the team use non-traditional services or even create new services for your child and family?	1	2	3	66	77	88

	No	Sometimes Somewhat	Yes	Applicable Not	Don't Know	Refused
K12. Do meetings and services take place at a time or place that is not convenient for you?	1	2	3	66	77	88
K13. Do the people who are working with you in your court process review your child's progress toward specific goals at every team meeting?	1	2	3	66	77	88

L. Visitation and Parent-Child Interactions

The next questions are about your interactions with *[Target Child]*.

L1. Since your child welfare case began, has *[Target Child]* been in court-ordered out of home placement for more than 30 days in a row?

1=Yes

0=No

88=Refused

[If no, skip to section M.]

L2. Is *[Target Child]* currently in court-ordered out of home placement?

1=Yes (*Go to L3, then Skip to L5*)

0=No (*Skip to L4*)

88=Refused

66=NA

L3. Now I have some questions about visitations you may have had. For the purposes of this interview, please think about your visits with *[Target Child]* when you are answering these questions.

	0	1	2	3	4 or more	Don't know	Refused	NA
L3a. In the past 30 days, how many visits were scheduled with <i>[Target Child]</i> ?	0	1	2	3	4	77	88	66
L3b. In the past 30 days, how many visits have you had with <i>[Target Child]</i> ?	0	1	2	3	4	77	88	66
L3c. In the past 30 days, how often have your visits with <i>[Target Child]</i> been cancelled or rescheduled by your caseworker (or whoever schedules your visits)?	0	1	2	3	4	77	88	66
L3d. In the past 30 days, how often have you missed a scheduled visit with <i>[Target Child]</i> for other reasons? <i>[Go to L5]</i>	0	1	2	3	4	77	88	66

L4. Now I have some questions visitations you may have had. For the purposes of this interview, please think about your visits with *[Target Child]* when you are answering these questions.

	0	1	2	3	4 or more	Don't know	Refused	NA
L4a. In the month before the child returned home, how many visits were scheduled with <i>[Target Child]</i> ?	0	1	2	3	4	77	88	66
L4b. In the month before the child returned home, how many visits have you had with <i>[Target Child]</i> ?	0	1	2	3	4	77	88	66
L4c. In the month before the child returned home, how often have your visits with <i>[Target Child]</i> been cancelled or rescheduled by your caseworker (or whoever schedules your visits)?	0	1	2	3	4	77	88	66
L4d. In the month before the child returned home, how often have you missed a scheduled visit with <i>[Target Child]</i> for other reasons?	0	1	2	3	4	77	88	66

L5. Think about the last visit you had with *[Target Child]*. To what extent do the following describe how you felt during the visit? This card will help you choose your answer to each question. The answer choices, as shown on this card, are strongly disagree, disagree, agree, or strongly agree. *[Provide Show Card B and read each response option for the first two questions.]*

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Don't Know	Refused
L5a. I was happy.	1	2	3	4	66	77	88
L5b. I was sad.	1	2	3	4	66	77	88
L5c. I was anxious or stressed.	1	2	3	4	66	77	88
L5d. Things went smoothly during the visit.	1	2	3	4	66	77	88
L5e. I was being a good parent.	1	2	3	4	66	77	88
L5f. I was emotionally connected with my child.	1	2	3	4	66	77	88
L5g. My child was misbehaving.	1	2	3	4	66	77	88
L5h. I was worried about my child.	1	2	3	4	66	77	88
L5i. I felt that <i>[Target Child]</i> would be better off not seeing me.	1	2	3	4	66	77	88

L6. Thinking about the last visit you had with *[Target Child]*. To what extent do the following describe how you think *[Target Child]* felt during the visit? This card will help you choose your answer to each question. The answer choices, as shown on this card, are strongly disagree, disagree, agree, or strongly agree. *[Provide Show Card B and read each response option for the first two questions.]*

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Don't know	Refused
L6a. S/he was happy.	1	2	3	4	66	77	88
L6b. S/he was sad.	1	2	3	4	66	77	88
L6c. S/he was anxious or stressed.	1	2	3	4	66	77	88
L6d. S/he acted “cool” or distant from me.	1	2	3	4	66	77	88

M. Child Services

Now I have a few more questions about your son/daughter, [*Target Child*]. This card will help you choose your answer to each question. The answer choices, as shown on this card, are strongly disagree, disagree, agree, or strongly agree. [*Give respondent Show Card B and read each response option for the first two questions.*]

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Don't Know	Refused
M1. My child has received the services she/he needs.	1	2	3	4	66	77	88
M2. My child is well cared for in her/his current living situation. [<i>Code N/A if child at home</i>]	1	2	3	4	66	77	88
M3. My child is safe in his/her current living situation. [<i>Code N/A if child at home</i>]	1	2	3	4	66	77	88

M4a. Is your child receiving any services for behavioral, emotional, or school-related problems?

1=Yes

77=Don't Know

0=No

88=Refused

2=On waiting list, services pending

M4b. How helpful are the services that your child is receiving?

1=Not Helpful

77=Don't Know

2=A Little Helpful

88=Refused

3=Somewhat Helpful

66=Not Applicable

4=Very Helpful

5=Extremely Helpful

N. Court Process and Functions

The Court process is supposed to do a number of things to help achieve certain goals for families. For each of these types of activities I am going to ask you to provide a rating of how successful the court has been, and then for you to briefly explain why you gave that rating.

	Not at All Successful	A Little Bit Successful	Somewhat Successful	Moderately Successful	Extremely Successful	Don't know	Refused	Not Applicable
N1. Parents receive effective services and supports to help them with the issues that led them to be in Court	0	1	2	3	4	77	88	66
N1a. <i>Please explain why you picked the rating you did:</i>								
N2. Children receive effective services that meet their needs.	0	1	2	3	4	77	88	66
N2a. <i>Please explain the rating:</i>								
N3. Parents receive drug or alcohol treatment services that are effective and meet the needs of the parent.	0	1	2	3	4	77	88	66
N3a. <i>Please explain the rating:</i>								

N4. The judge plays an active role in the treatment process.	0	1	2	3	4	77	88	66
--	---	---	---	---	---	----	----	----

N4a. *Please explain the rating:*

N5. How successful was the judge in responding to the parent when the parent is compliant as well as non-compliant with the court orders.	0	1	2	3	4	77	88	66
---	---	---	---	---	---	----	----	----

N5a. *Please explain the rating:*

N6. Random UA screens are frequently and consistently conducted and results aid in parents compliance and treatment progress.	0	1	2	3	4	77	88	66
---	---	---	---	---	---	----	----	----

N6a. *Please explain the rating:*

N7. Parents and children will have frequent opportunities for visitation.	0	1	2	3	4	77	88	66
---	---	---	---	---	---	----	----	----

N7a. *Please explain the rating:*

O. Court Outcomes

The court process is intended to help achieve a number of positive outcomes for children and families. For each of these proposed outcomes, I am going to ask you how successful you think the Court and its team members have been for you and your family. I will then ask for you to explain why you gave that rating.

	Not at All Successful	A Little Bit Successful	Somewhat Successful	Moderately Successful	Extremely Successful	Don't know	Refused	Not Applicable
O1. Eligibility for the Court and Chemical Dependency assessment, and treatment program enrollments are completed quickly. O1a. <i>Please explain the rating:</i>	0	1	2	3	4	77	88	66
O2. Parents with chemical dependency issues are enrolled in CD treatment that is appropriate to meet their needs. O2a. <i>Please explain the rating:</i>	0	1	2	3	4	77	88	66
O3. Parents and children successfully obtain the services they need to comply with court orders and meet their needs. O3a. <i>Please explain the rating:</i>	0	1	2	3	4	77	88	66

	0	1	2	3	4	77	88	66
O4. The dependency court process does not disrupt bonds between the child and parent or parents.	0	1	2	3	4	77	88	66

O4a. *Please explain the rating:*

O5. The dependency court process positively affects the child's overall well-being (not-negatively).	0	1	2	3	4	77	88	66
O5a. <i>Please explain the rating:</i>								

O6. There are increased family reunification rates.	0	1	2	3	4	77	88	66
O6a. <i>Please explain the rating:</i>								

O7. I am/was compliant with CD treatments and will complete/completed treatment.	0	1	2	3	4	77	88	66
O7a. <i>Please explain the rating:</i>								

O8. The parent will ultimately be sober and able to remain in recovery.	0	1	2	3	4	77	88	66
O8a. <i>Please explain the rating:</i>								

P. Final Questions

Finally, I want to ask you a few questions about the Court process you have been participating in and how you feel the court could be improved.

P1. What do you feel are the best things about the Court process you have been participating in?

P2. What do you think are the biggest problems with the court process?

P3. Overall, what changes you would like to see happen that you think would improve the court process? What do you think would make the program more effective?

P4. What, if anything, have you found to be the most helpful to you in making progress on your case plan?

P5. Is there anything else you would like to add to your comments and suggestions or that we may have missed?

Thank you very much for your time today, and answering all these questions. Your participation in this evaluation is greatly appreciated. Without you this evaluation would not be possible.

End Time:_____

Q. Interview Debriefing

Q1. To what extent were there distractions, interruptions, or other disruptions in the interview today? If yes, describe.

1=a lot
2=somewhat
3=a little
4=not at all

Q2. To what extent was the respondent actively engaged (attentive, interested, not answering "by rote") in the interview process?

1=a lot
2=somewhat
3=a little
4=not at all

Q3. Were there other individuals present or within earshot for some of or the entire interview? If yes, describe.

1=yes
0=no

Q4. If yes, to what extent do you think this inhibited the participants' responses to these questions?

1=a lot
2=somewhat
3=a little
4=not at all

Q5. To what extent was the respondent comfortable with the interview? If not, why?

1=a lot
2=somewhat
3=a little
4=not at all

Q6. Anything else about the interview or circumstances surrounding the interview?

Respondent ID _____
Interviewer's ID _____
Date of interview ____/____/____
Circle One: (1) In Person (2) Telephone
Approx interview time (minutes): _____

King County Family Treatment Court Court Team Member Interview

**Eric J. Bruns, Ph.D.
University of Washington
Division of Public Behavioral Health and Justice Policy**

January 2006

Interview with KCFTC Team Member

This interview is part of a process evaluation of the King County Family Treatment Court. The study is funded by King County Superior Court and is intended to examine how closely the Family Treatment Court is adhering to its proposed model and how it might be improved in the future. The evaluation as a whole will consist of interviews with team members, other key stakeholders, and participating parents, as well as reviews of court records and observations of the court process.

This interview is one of many we will conduct with King County Family Treatment Court staff. However, none of the data we are collecting will be shared with anyone in any way that would make it possible to identify you. The information you give will be completely confidential and used solely to better understand how well the FTC is functioning and provide recommendations for improvements.

The current interview is structured and will take about 45 to 60 minutes to complete. In it I will ask you questions about the KCFTC, the program's staff, the way in which program staff interact with one another and your perceptions of the effectiveness of the court. With your consent, we will tape this interview so that we can be sure to have access to all your responses in full. As with the information I record during this interview, the content of the tape and any transcript we make from it will be kept in a secure location and not be shared with anyone. The tape will be erased or destroyed at the end of the study.

Do you have any questions before we get started?

Do you agree to have this interview audiotaped? YES NO

Signature of Researcher

Date

Respondent Information

R1. What is your position title? _____

R2. What is your role on the team? [Circle one based on title]

1. Judge
2. DSHS Social Worker
3. Social Worker Supervisor
4. Court Appointed Special Advocate
5. CASA Manager or Supervisor
6. Program Coordinator
7. Family Treatment Court Specialist
8. Wraparound Coordinator
9. UW PCAP Representative
10. Parent's Attorney
11. Child's Attorney
12. Treatment Provider
13. Treatment Provider Supervisor
14. AAG
15. Advisory Group Member
16. Other (Please describe: _____)

R3. How long have you been associated with the King County Family Treatment Court?
_____ (months or years)

R4. How long have you been working in your current position?
_____ (months or years)

R5. How long have you been working in your current field?
_____ (months or years)

R6. What portion of your time is spent directly with King County Family Treatment Court or the families involved in KCFTC?
_____ (percent of time)

General Questions about KCFTC

G1. The stated goals of the KCFTC are:

- (1) Ensure that children have safe and permanent homes within the permanency planning guidelines or sooner;
- (2) To ensure that families of color have outcomes from dependency cases similar to families not of color;
- (3) To ensure that parents are better able to care for themselves and their children and seek resources to do so; and
- (4) That the cost to society of dependency cases involving substances is reduced.

How successful do you feel the court has been in accomplishing these goals, overall?

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

G2. Compared to the regular dependency court process, how successful do you think the KCFTC is in accomplishing these overall goals for participating families?

- | | |
|------------------------------|----------------------------------|
| 1 = Much less successful | 4 = A little bit more successful |
| 2 = Somewhat less successful | 5 = Somewhat more successful |
| 3 = About the same | 6 = A good deal more successful |
| | 7 = Much more successful |

G3. How would you recommend modifying the KCFTC's stated goals?

KCFTC Population and Referral Process

Now, I am going to ask you a few questions about the characteristics of the families you serve, and the Family Treatment Court's referral and eligibility determination process.

P1. How would you describe the KCFTC's target population?

How successful do you believe that KCFTC has been in serving its target population?

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

P2. Why has the KCFTC been successful or not been successful?

P3. How would you describe the KCFTC's success in serving a population that reflects the race, ethnicity, and gender of the general population of parents involved in the DCFS dependency system?

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Please explain the rating you gave:

P4. Do you believe there are differences between referred parents who ultimately participate in the court and those who do not? If so, can you describe the differences?

P5. In your opinion, is the KCFTC currently serving too many families for its capacity, too few, or just about right?

- 1 = Too few
- 2 = Just about right
- 3 = Too many

Please explain the rating you gave:

P6. The federal Department of Health and Human Services has stated that a key element of family treatment courts is “Early Identification and prompt placement of eligible participants.” Overall, how successful do you think the KCFTC referral and eligibility process has been in meeting this goal?

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Please explain the rating you gave, including any barriers to the current referral and eligibility process:

P7. Do you believe there are particular types of parents or families who are more or less likely to be successful participants in the KCFTC? What are these characteristics?

KCFTC Process and Functions

The KCFTC proposes to undertake a number of functions to help it achieve its stated goals. For each of these functions I am going to ask you to provide a rating of how successful the court has been, and then for you to briefly explain why you gave that rating.

- F1. A comprehensive, strengths-based assessment of parents and children is conducted that provides the basis for services that will be received.

1 = Not at all successful
2 = A little bit successful
3 = Somewhat successful
4 = Moderately successful
5 = Extremely successful

Please explain the rating you gave:

- F2. Parents receive high-quality chemical dependency treatment services that are timely and of the appropriate type and level of intensity.

1 = Not at all successful
2 = A little bit successful
3 = Somewhat successful
4 = Moderately successful
5 = Extremely successful

Please explain the rating you gave:

- F3. In addition to chemical dependence services, parents receive timely and effective health, mental health, and other services and supports that address issues that led to dependency and are individualized to meet their needs.

1 = Not at all successful
2 = A little bit successful
3 = Somewhat successful
4 = Moderately successful
5 = Extremely successful

Please explain the rating you gave:

- F4. Children receive timely and effective services and supports that are individualized to meet their needs.

1 = Not at all successful
2 = A little bit successful
3 = Somewhat successful
4 = Moderately successful
5 = Extremely successful

Please explain the rating you gave:

- F5. High quality care planning and management is conducted that involves parents and youths, and results in an individualized service and safety plan.

1 = Not at all successful
2 = A little bit successful
3 = Somewhat successful
4 = Moderately successful
5 = Extremely successful

Please explain the rating you gave:

- F6. Parents and children will participate in expanded and more frequent visitation.

1 = Not at all successful
2 = A little bit successful
3 = Somewhat successful
4 = Moderately successful
5 = Extremely successful

Please explain the rating you gave:

- F7. Incentives and sanctions are provided in a timely, consistent way upon progress or infractions.

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Please explain the rating you gave:

- F8. Random UA screens are frequently and consistently conducted and results aid in parent's compliance and treatment progress.

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Please explain the rating you gave:

- F9. Family Treatment Court (FTC) team members hold frequent and effective pre-hearing case conferences where each client's progress, strengths, obstacles, and options are discussed individually to help update effective case plans and achieve successful court hearings.

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Please explain the rating you gave:

- F10. FTC team members receive high-quality interdisciplinary training and education that helps promote effective teamwork, planning, and operations.

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Please explain the rating you gave:

- F11. There is effective judicial interaction that is ongoing with each Family Treatment Court participant.

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Please explain the rating you gave:

- F12. FTC team members successfully collaborate with partner agencies, including public agencies and community-based organizations around their FTC cases.

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Please explain the rating you gave:

KCFTC Outcomes

The KCFTC proposes that it will achieve a number of short- and long-term outcomes. For each of these proposed outcomes, I am going to ask you to provide a rating of how successful the court has been in achieving it, **compared to participants in the regular dependency courts**. I will then ask for you to briefly explain why you gave that rating.

- O1. Parents with chemical dependency issues are enrolled in Chemical Dependency treatment that is appropriate in intensity and type for their needs.

1 = Much less successful
2 = Somewhat less successful
3 = About the same

4 = A little bit more successful
5 = Somewhat more successful
6 = A good deal more successful
7 = Much more successful

Please explain the rating you gave:

- O2. Parents enrolled in Chemical Dependency treatments are compliant with treatment and complete treatment.

1 = Much less successful
2 = Somewhat less successful
3 = About the same

4 = A little bit more successful
5 = Somewhat more successful
6 = A good deal more successful
7 = Much more successful

Please explain the rating you gave:

- O3. The parent will ultimately be sober and able to remain sober.

1 = Much less successful
2 = Somewhat less successful
3 = About the same

4 = A little bit more successful
5 = Somewhat more successful
6 = A good deal more successful
7 = Much more successful

Please explain the rating you gave:

- O4. Parents and children are more fully engaged in the services they receive.

1 = Much less successful

4 = A little bit more successful

2 = Somewhat less successful
3 = About the same

5 = Somewhat more successful
6 = A good deal more successful
7 = Much more successful

Please explain the rating you gave:

- O5. Parents and children successfully obtain the services they need to comply with court orders and meet their health, mental health, housing, and educational needs.

1 = Much less successful
2 = Somewhat less successful
3 = About the same

4 = A little bit more successful
5 = Somewhat more successful
6 = A good deal more successful
7 = Much more successful

Please explain the rating you gave:

- O6. Children experience decreased placement disruptions.

1 = Much less successful
2 = Somewhat less successful
3 = About the same

4 = A little bit more successful
5 = Somewhat more successful
6 = A good deal more successful
7 = Much more successful

Please explain the rating you gave:

- O7. Parents comply with court orders.

1 = Much less successful

4 = A little bit more successful

2 = Somewhat less successful
3 = About the same

5 = Somewhat more successful
6 = A good deal more successful
7 = Much more successful

Please explain the rating you gave:

- O8. The dependency court process is less likely to disrupt bonds between the child and parent(s).

1 = Much less successful
2 = Somewhat less successful
3 = About the same

4 = A little bit more successful
5 = Somewhat more successful
6 = A good deal more successful
7 = Much more successful

Please explain the rating you gave:

- O9. The dependency court process is less likely to have negative effects on the child's overall well-being.

1 = Much less successful
2 = Somewhat less successful
3 = About the same

4 = A little bit more successful
5 = Somewhat more successful
6 = A good deal more successful
7 = Much more successful

Please explain the rating you gave:

- O11. There are increased family reunification rates.

1 = Much less successful
2 = Somewhat less successful

4 = A little bit more successful
5 = Somewhat more successful

3 = About the same

6 = A good deal more successful

7 = Much more successful

Please explain the rating you gave:

- O12. There is an earlier ability to determine if reunification is unlikely and to develop alternative placement or permanency plans.

1 = Much less successful

2 = Somewhat less successful

3 = About the same

4 = A little bit more successful

5 = Somewhat more successful

6 = A good deal more successful

7 = Much more successful

Please explain the rating you gave:

Achieving Best Practices

In addition to meeting its proposed outcomes, the KCFTC is intended to conduct its work in alignment with best practices in the areas of child welfare and family court processes. I am going to ask you to provide a rating of how successful the court has been in achieving these best practices, **compared to regular dependency courts**. I will then ask for you to briefly explain why you gave that rating.

- B1. The court and treatment providers maintain ongoing communication, including frequent exchanges of timely and accurate information about the individual participants overall program performance.

1 = Much less successful
2 = Somewhat less successful
3 = About the same

4 = A little bit more successful
5 = Somewhat more successful
6 = A good deal more successful
7 = Much more successful

Please explain the rating you gave:

- B2. The judge plays an active role in the treatment process, including frequent review of treatment progress.

1 = Much less successful
2 = Somewhat less successful
3 = About the same

4 = A little bit more successful
5 = Somewhat more successful
6 = A good deal more successful
7 = Much more successful

Please explain the rating you gave:

- B3. The judge responds to each participant's positive efforts as well as to noncompliant behavior.

1 = Much less successful
2 = Somewhat less successful
3 = About the same

4 = A little bit more successful
5 = Somewhat more successful
6 = A good deal more successful
7 = Much more successful

Please explain the rating you gave:

- B4. Mechanisms for sharing decision-making and resolving conflicts among Family Treatment Court team members, such as multidisciplinary committees, are established to ensure professional integrity.

1 = Much less successful
2 = Somewhat less successful
3 = About the same

4 = A little bit more successful
5 = Somewhat more successful
6 = A good deal more successful
7 = Much more successful

Please explain the rating you gave:

- B5. Treatment services have quality controls and treatment agencies are accountable.

1 = Much less successful
2 = Somewhat less successful
3 = About the same

4 = A little bit more successful
5 = Somewhat more successful
6 = A good deal more successful
7 = Much more successful

Please explain the rating you gave:

- B6. AOD testing may be administered randomly or at scheduled intervals, but occurs no less than twice a week during the first several months of an individual's enrollment.

1 = Much less successful
2 = Somewhat less successful
3 = About the same

4 = A little bit more successful
5 = Somewhat more successful
6 = A good deal more successful
7 = Much more successful

Please explain the rating you gave:

- B7. There is a coordinated strategy for responding to noncompliance including prompt responses to positive tests, missed tests, and fraudulent tests.

1 = Much less successful
2 = Somewhat less successful
3 = About the same

4 = A little bit more successful
5 = Somewhat more successful
6 = A good deal more successful
7 = Much more successful

Please explain the rating you gave:

- B8. Management Information Systems allow monitoring and management data to be assembled in useful formats for regular review by program leaders and managers.

1 = Much less successful
2 = Somewhat less successful
3 = About the same

4 = A little bit more successful
5 = Somewhat more successful
6 = A good deal more successful
7 = Much more successful

Please explain the rating you gave:

- B9. Children are, first and foremost, protected from abuse and neglect.

1 = Much less successful
2 = Somewhat less successful
3 = About the same

4 = A little bit more successful
5 = Somewhat more successful
6 = A good deal more successful
7 = Much more successful

Please explain the rating you gave:

B10. Children are safely maintained in their homes whenever possible and appropriate.

1 = Much less successful
2 = Somewhat less successful
3 = About the same

4 = A little bit more successful
5 = Somewhat more successful
6 = A good deal more successful
7 = Much more successful

Please explain the rating you gave:

B11. There is an enhancement of due process by deciding court cases impartially and thoroughly, based on evidence brought before the court.

1 = Much less successful
2 = Somewhat less successful
3 = About the same

4 = A little bit more successful
5 = Somewhat more successful
6 = A good deal more successful
7 = Much more successful

Please explain the rating you gave:

- B12. Team members are provided with adequate space and resources to successfully conduct their duties.

1 = Much less successful
2 = Somewhat less successful
3 = About the same

4 = A little bit more successful
5 = Somewhat more successful
6 = A good deal more successful
7 = Much more successful

Please explain the rating you gave:

Teamwork and team members

T1. A primary component of the KCFTC is “non-adversarial teamwork, in which team members know each other as individuals.” How successful have the KCFTC team members and agencies been in achieving this ideal?

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

How well do you feel the team members and agencies involved in KCFTC work together?

T2. Please rate the extent to which there is a shared vision among the different FTC team members

- 1 = No shared vision
- 2 = A little bit of shared vision
- 3 = Some shared vision
- 4 = A good amount of shared vision
- 5 = Substantial shared vision

Please explain the rating you gave:

T3. How could collaboration and information sharing be improved among FTC team members?

I am going to ask you about each of the primary types of team members on the KCFTC. For each type of team member, I will ask you:

- about that type of team member's success in participating as a collaborative, non-adversarial team member, toward the goals of the Court; and
- about that type of team member's overall success in helping achieve positive outcomes for the enrolled children and parents.

We recognize that there are individual differences among different people who occupy each role. Where multiple people occupy each role, please try to provide ratings that represent the success of that role overall.

1. Judge:

Collaborative, non-adversarial team member

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Overall effectiveness

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Please explain the rating you gave:

2. DSHS Social Worker:

Collaborative, non-adversarial team member

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Overall effectiveness

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Please explain the rating you gave:

3. Social Worker Supervisor:

Collaborative, non-adversarial team member

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Overall effectiveness

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Please explain the rating you gave:

4. Court Appointed Special Advocate:

Collaborative, non-adversarial team member

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Overall effectiveness

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Please explain the rating you gave:

5. CASA Manager or Supervisor:

Collaborative, non-adversarial team member

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Overall effectiveness

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Please explain the rating you gave:

6. FTC Program Manager:

Collaborative, non-adversarial team member

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Overall effectiveness

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Please explain the rating you gave:

7. Family Treatment Court Specialist:

Collaborative, non-adversarial team member

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Overall effectiveness

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Please explain the rating you gave:

8. UW PCAP Representative:

Collaborative, non-adversarial team member

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Overall effectiveness

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Please explain the rating you gave:

9. Parent's Attorney:

Collaborative, non-adversarial team member

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Overall effectiveness

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Please explain the rating you gave:

10. Child's Attorney:

Collaborative, non-adversarial team member

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Overall effectiveness

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Please explain the rating you gave:

11. Treatment Provider:

Collaborative, non-adversarial team member

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Overall effectiveness

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Please explain the rating you gave:

12. Treatment Provider Supervisor:

Collaborative, non-adversarial team member

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Overall effectiveness

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Please explain the rating you gave:

13. AAG:

Collaborative, non-adversarial team member

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Overall effectiveness

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Please explain the rating you gave:

14. Wraparound Facilitator:

Collaborative, non-adversarial team member

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Overall effectiveness

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Please explain the rating you gave:

15. Court Bailiff:

Collaborative, non-adversarial team member

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Overall effectiveness

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

Please explain the rating you gave:

Final Questions

Finally, I want to ask you a few questions about the KCFTC and how you feel the court could be improved.

Q1. What do you think are the greatest strengths or the most promising practices of the KCFTC?

Q2. What do you think are the greatest challenges or weaknesses of the KCFTC?

Q3. Do you feel there are any gaps in tangible resources, such as space, computers or MIS, or access to training, that need to be addressed in order to make the KCFTC more successful? If so, what are they?

- Q4. What administrative or system barriers exist that need to be addressed to make the KCFTC more successful? For example, siloing of resources, unavailability of specific resources or services for families, obtaining authorization, etc.
- Q5. Overall, what changes would you like to see happen that you think would improve the program? What do you think would make the program more effective?
- Q6. Is there anything else you would like to add to your comments and suggestions that we may have missed?

KCFTC STATED GOALS:

1. Ensure that children have safe and permanent homes within the permanency planning guidelines or sooner;
2. To ensure that families of color have outcomes from dependency cases similar to families not of color;
3. To ensure that parents are better able to care for themselves and their children and seek resources to do so; and
4. That the cost to society of dependency cases involving substances is reduced.

RESPONSE SCALES:

SCALE 1:

- 1 = Not at all successful
- 2 = A little bit successful
- 3 = Somewhat successful
- 4 = Moderately successful
- 5 = Extremely successful

SCALE 2:

- 1 = Much less successful
- 2 = Somewhat less successful
- 3 = About the same
- 4 = A little bit more successful
- 5 = Somewhat more successful
- 6 = A good deal more successful
- 7 = Much more successful

SCALE 3:

- 1 = No shared vision
- 2 = A little bit of shared vision
- 3 = Some shared vision
- 4 = A good amount of shared vision
- 5 = Substantial shared vision

Record Review Instruments

Record Review Instrument for TARGET database

Note: Data collection will include information only on the parents/caregivers who have signed the authorization form. Please provide information for each parent figure who has agreed to participate in the study and who has signed the authorization form.

T1. Assessment(s)

Date(s)	Type

T2. Admission(s)

Date(s)

T3. Current stage of use (insert categories from Target codes)

T4. Poly substance use

- 1 Yes
- 2 No
- 99 Unknown

T5. Drug of choice: _____

T6. Treatment activities

Activity Date	Activity type (Target code 1)	Attendance (Target code 2)

T7. Discharge

A. Discharge or closure type	B. Discharge-admission date	C. Discharge-discharge date

T8. Left treatment due to relapse

- 1 Yes
- 2 No
- 99 Unknown

T9. Discharge recommendation (modality code from Target)

T10. Treatment compliance

- 1 Yes
- 2 No
- 99 Unknown

T11. Other service referral at discharge (list all checked from Target)

Record Review Instrument for CAMIS database

Note: Data collection will include information only on the parents/caregivers who have signed the authorization form. Please provide information for each parent figure who has agreed to participate in the study and who has signed the authorization form.

Note: The research team will provide parent and child CAMIS ID numbers for those participants in the Family Treatment Court group (approximately 25 families) and will make every effort to provide that information for comparison families (but may be only able to provide name/DOB).

B10. _____ **Count of the number of referrals** to CPS for parent figure at case inception

☐ Not clearly documented

(Note: Do not count multiple children named on the same referral as multiple referrals.)

B11. _____ **Count of the number prior terminations** of parent figure at case inception

☐ Not clearly documented

(Note: Do count number of children terminated.)

B12. Has mother figure had any investigated but unsubstantiated CPS reports/allegations since the prospective case opened?

1 Yes

2 No

3 Not clearly documented

B13. Date[s] of investigated but unsubstantiated CPS reports:

Date (MM/DD/YY)	Date (MM/DD/YY)

B14. Has mother figure had any substantiated CPS reports/allegations prior to this petition?

1 Yes

2 No

3 Not clearly documented

B15. Date[s] of substantiated CPS reports:

Date (MM/DD/YY)	Date (MM/DD/YY)

B16. **Services received** (from the Social Service Payment System): Please provide the **SSPS codes** on the services the parent received.

Section E: Child section

Demographics

E1. Child ID#_____

E2. Child's age_____

E3. Child's gender

1 Male

2 Female

E4. Child's ethnicity_____

E5. Child's living situation at time of case inception:_____

E7. Previous removals from home?

1 Yes

2 No

99 Unknown

E8. If prior removals, the number of removals_____

E9. Prior neglect?_____

E11. At case inception, do any children have pre-existing physical or mental health conditions (please provide whatever limited information is available)?

1 Yes If yes, complete **Health issue codes**

2 No

99 Not clearly documented

E12. Health issue codes [mark all that apply]:

1 Serious or chronic medical issue

2 Developmental/educational

3 Behavioral/emotional

4 Alcohol/drug use or abuse by child

5 Prenatal substance exposure

6 Sexual acting out or abuse of others

7 Prior sexual abuse of the child

8 Other:_____

Living Situations/ Placement for Children in Case

For the case, indicate each living situation for each child involved. Note Child ID for each line of table.

Children's Living Situations

H1. Child ID#	H2. Start Date	H3. End Date+	H4. Living Situation	H5. Custody Code	H6. CPS change?*		H7. Court ordered?***	
					Y	N	Y	N
				1 2 88	1	0	1	0
				1 2 88	1	0	1	0
				1 2 88	1	0	1	0
				1 2 88	1	0	1	0
				1 2 88	1	0	1	0
				1 2 88	1	0	1	0
				1 2 88	1	0	1	0
				1 2 88	1	0	1	0
				1 2 88	1	0	1	0
				1 2 88	1	0	1	0
				1 2 88	1	0	1	0
				1 2 88	1	0	1	0
				1 2 88	1	0	1	0
				1 2 88	1	0	1	0

Living Situation Codes

1 Mother-Residential treatment	11 Aunt/Uncle
2 Mother-Transitional housing	12 Other relative
3 Mother-Neither Residential or Transitional	13 Non-relative extended family member (CA only)
4 Father-Residential treatment	14 Non-relative foster home
5 Father-Transitional housing	15 Hospital
6 Father-Neither Residential or Transitional	16 Emergency foster care/shelter
7 Both parents	17 Therapeutic setting
8 Step parent	18 Residential facility
9 Other partner of Parent	19 Group Home
10 Grandparent	20 Other:
	99 Unknown

Custody Codes

1 Non-parental custody
2 Parental custody
88 Not Applicable

Children's Services

H10. Did child receive **CHET** assessment?

Date _____

No _____

H11. **Services received** (from the Social Service Payment System): Please provide the **SSPS codes** on the services the child received.

H29: **Count of number of child visitations** by parent since case began (from SCR) _____

H30: Re-entry into the system as indicated by new referral to DCFS? _____ (date)

**Record Review: Court records and
Family Treatment Court case file**

Note: Data collection will include information only on the parents/caregivers who have signed the authorization form. Please provide information for each parent figure who has agreed to participate in the study and who has signed the authorization form.

Section A: Case Information

A1. ID: _____

A2. Status of case:

- 1 Referred to FTC
- 2 Screened by FTC
- 3 Accepted and enrolled in FTC
- 4 Accepted but declined to FTC
- 5 Rejected by FTC
- 6 Dropped out of FTC
- 7 Graduated from FTC
- 8 Comparison court case

A3. If rejected by FTC, the reason documented was:

- 1 Did not show to screening
- 2 Did not meet criteria: violent criminal history
- 3 Did not meet criteria: lack of substance abuse
- 4 Did not meet criteria: sexual abuse allegation
- 5 Primary issues related to mental health condition
- 6 Other

A4. FTC Referral source

- 1 DSHS Court Liason Unit
- 2 Attorney
- 3 Parent self-referred
- 4 PCAP
- 5 DSHS Social Worker
- 6 Other

A5. Date of original dependency petition: ____/____/____

Month / day / year

A6. Date of referral to KCFTC: ____/____/____

Month / day / year

A7. Date of first formal team staffing on case: ____/____/____

Month / day / year

A8. Date of referral to WRAP services: _____/_____/_____

Month / day / year

A9. Date of first contact by WRAP provider:_____/_____/_____

Month / day / year

A10. Present of unified case plan in FTC file?

- 1 Yes
- 2 No
- 99 Not clearly documented

Participant(s) Characteristics

(Note: If mother figure and father figure both are receiving services on this case, complete sections B and C. If only one parent is receiving services on this case, only complete section B or C. If there is a parent figure who is not receiving services on this case but is in some way involved, complete section D. Always complete section E, the child section.)

Section B: Mother figure section

B1. Mother ID _____

Risk Factors

B17. Any documentation of a mental health diagnosis?

3 Yes

4 No **[skip to B19]**

100 Not clearly documented **[skip to B19]**

B18. If yes, indicate what **[circle all that apply]**:

1 Schizophrenia

2 Depressive disorder

3 Anxiety disorder

4 Personality disorder

5 Obsessive compulsive disorder

6 Bipolar disorder

7 Other: _____

99 Not clearly documented

B19. Substance abuse allegations for mother figure at the beginning of the case (e.g. in the petition, the first case plan, and/or the first hearing):

1 Alcohol

2 Drugs

3 Both

4 Neither

99 Not clearly documented

B20. Has mother figure been referred substance abuse treatment?

1 Yes

2 No

3 Not clearly documented

B21. Has mother figure been to prior substance abuse treatment?

1 Yes

2 No **[skip to B22]**

99 Not clearly documented [**skip to B22**]

B23. Indicate all drugs abused by parent at the time of the case:

- 1 Heroin
- 2 Other opiates/analgesics
- 3 Barbiturates
- 4 Other sedatives/tranquilizers
- 5 Cocaine
- 6 Methamphetamine
- 7 Other Amphetamines
- 8 Cannabis
- 9 Hallucinogens
- 10 Alcohol
- 11 Not applicable
- 99 Not clearly documented

B24. Which of the above is parent's primary drug? _____

Is there a father/father figure who is receiving services on this case?

- ☐ Yes₁ [**Complete Section C**]
- ☐ No₀ [**Skip to Section D**]
- ☐ Not clearly documented₉₉ [**Skip to Section D**]

Section C: Father figure section

C1. **Father Figure ID** _____
(ID number created by evaluation team)

C18. Any documentation of a mental health diagnosis?

- 1 Yes
- 2 No **[skip to C20]**
- 99 Not clearly documented **[skip to C20]**

C19. If yes, indicate what **[circle all that apply]**:

- 1 Schizophrenia
- 2 Depressive disorder
- 3 Anxiety disorder
- 4 Personality disorder
- 5 Obsessive compulsive disorder
- 6 Bipolar disorder
- 7 Other: _____
- 99 Not clearly documented

C20. Substance abuse allegations for father figure at the beginning of the case (e.g. in the petition, the first case plan, and/or the first hearing):

- 1 Alcohol
- 2 Drugs
- 3 Both
- 4 Neither
- 99 Not clearly documented

C21. Has father figure been referred substance abuse treatment?

- 1 Yes
- 2 No
- 99 Not clearly documented

C22. Has father figure been to prior substance abuse treatment?

- 1 Yes
- 2 No **[skip to C24]**
- 99 Not clearly documented **[skip to C24]**

C23. Number of prior treatment episodes for father figure: _____

C24. Indicate all drugs abused by parent at the time of the case:

- 1 Heroin
- 2 Other opiates/analgesics
- 3 Barbiturates
- 4 Other sedatives/tranquilizers
- 5 Cocaine

- 6 Methamphetamine
- 7 Other Amphetamines
- 8 Cannabis
- 9 Hallucinogens
- 10 Alcohol
- 11 Not applicable
- 99 Not clearly documented

C25. Which of the above is parent's primary drug? _____

Is there a parent figure involved with the case but who is not receiving services on the case (e.g., "involved" could mean a father who is a placement or adoptive resource, a partner/boyfriend who currently lives with mother and therefore is informally involved, etc.)?

- ☐ Yes₁ **[Complete Section D]**
- ☐ No₀ **[Skip to Section E]**
- ☐ Not clearly documented₉₉ **[Skip to Section E]**

Section D: Parent figure section (not receiving services)

D1. What is the relationship of this parent figure to the child[ren] in the case?

- 1 Biological parent (all of the children)
- 2 Biological parent (some of the children)
- 3 Step-parent
- 4 Other: _____
- 99 Not clearly documented

D2. What is the relationship of this parent figure to the parent in the case?

- 1 Husband/wife
- 2 Live-in partner
- 3 Boyfriend/girlfriend (not living with parent)
- 4 Other: _____
- 99 Not clearly documented

D3. Which of the following describes the involvement of this parent figure in the case [**circle only one**]?

- 1 Parent figure is a placement resource for the children, separate from the parent on the case (e.g., mother and father are divorced)₁
- 2 Parent figure is a placement resource for the children, and currently is a partner to the parent on the case₂
- 3 Parent figure is involved only because of his/her relationship with the parent on the case, no alcohol or drug treatment services needed₃
- 4 Parent figure is involved only because of his/her relationship with the parent on the case, alcohol or drug treatment services needed but not mandated₄
- 5 Other₅: _____
- 99 Not clearly documented

Section E: Child section

Demographics

E1. Child ID# _____

E2. Child's age _____

E3. Child's gender

3 Male

4 Female

E4. Initial petition date: _____/_____/_____

month / day / year

E6. Initial Allegation Codes

- 1 physical abuse/harm
- 2 failure to protect/neglectful supervision
- 3 emotional abuse/damage
- 4 sexual abuse
- 5 death of sibling
- 6 no provision for support
- 7 severe cruelty/ritualistic
- 8 abuse of sibling
- 9 other: _____
- 10 other: _____
- 99 Not clearly documented

E9. Second petition date (if applicable): _____/_____/_____

month / day / year

E10. Other Allegation Codes (when applicable on second petition)

- 1 physical abuse/harm
- 2 failure to protect/neglectful supervision
- 3 emotional abuse/damage
- 4 sexual abuse
- 5 death of sibling
- 6 no provision for support
- 7 severe cruelty/ritualistic
- 8 abuse of sibling
- 9 other: _____
- 10 other: _____
- 99 Not clearly documented

Ongoing services

(Note: If both mother figure and father figure are receiving services on the case, complete the sections for both parents. If only one parent is receiving services on the case, only complete the section for that parent. Always complete the children's section.)

Section F: Mother Figure

F1. Mother figure ID: _____

F2. Case type:

- 1 KCFTC [Complete F3]
- 2 Comparison [Complete F4]

F3. KCFTC status

- 1 Parent ordered or enrolled in KCFTC for this case
 _____ Entry Date 1
 _____ Exit Date 1
- 2 Graduated
- 3 Terminated
- 4 Still enrolled-Phase 1
- 5 Still enrolled-Phase 2
- 6 Still enrolled-Phase 3
- 7 Opted out
- 8 Other _____

Hearings**Mother Figure's Hearings**

F6. Date of hearings	F7. Type	F8. Court Order Modification	F9. Mother figure was noncompliant with treatment	F10. Mother figure was noncompliant with visitation	F11. Modification Due to	F12. Contested hearing?
		Y N DK	Y N NA DK	Y N NA DK		Y N DK
		1 0 99	1 0 88 99	1 0 88 99	1 2 3 4 88 99	1 0 99
		1 0 99	1 0 88 99	1 0 88 99	1 2 3 4 88 99	1 0 99
		1 0 99	1 0 88 99	1 0 88 99	1 2 3 4 88 99	1 0 99
		1 0 99	1 0 88 99	1 0 88 99	1 2 3 4 88 99	1 0 99

		1 0 99	1 0 88 99	1 0 88 99	1 2 3 4 88 99	1 0 99
		1 0 99	1 0 88 99	1 0 88 99	1 2 3 4 88 99	1 0 99
		1 0 99	1 0 88 99	1 0 88 99	1 2 3 4 88 99	1 0 99
		1 0 99	1 0 88 99	1 0 88 99	1 2 3 4 88 99	1 0 99
		1 0 99	1 0 88 99	1 0 88 99	1 2 3 4 88 99	1 0 99
		1 0 99	1 0 88 99	1 0 88 99	1 2 3 4 88 99	1 0 99

Hearing type codes 1 Sheltercare 2 Dispositional hearing 3 Initial Progress Review (IPR) 3 Permanency Planning Hearing (PPH) 4 6 month review 5 12 month review 6 18 month review 7 Graduation 8 Termination 9 Other family/dependency court hearing 10 Permanency hearing: <i>If permanency decision has been made, complete Child Outcomes.</i> 11 FTC review 12 Motion hearing 99 Not clearly documented	Modification due to codes 1 Noncompliant behavior 2 Progress/good behavior 3 New info obtained 4 Other 88 Not applicable 99 Not clearly documented
---	--

F.13 FTC Phases

A. Phase #	B. Date entry	C. Date Exit

F.14 Treatment levels

A. Levels #	B. Date entry	C. Date Exit
-------------	---------------	--------------

F17. Type and number of sanctions

A. Type	B. Dates	C. Total Number

F18. Type and number of incentives

A. Type	B. Dates	C. Total Number

Court Orders

F19. _____ Date of first court order (service plan)

F20. Issues addressed in first court order (check all that apply)

- 1 Treatment services/requirements
- 2 Employment services/requirements
- 3 Housing services/requirements
- 4 Relationship/co-habitation requirements (e.g. do not contact orders; prohibition against living with spouse/partner)
- 5 Visitation plan
- 6 Child placement order
- 7 Permanency order
- 8 Parenting Classes

- 9 Counseling
 10 Domestic violence services
 11 Other: _____
 12 Other: _____
 99 Not clearly documented

F21. UAs ordered

Date	Order or notes	Results if available

Criminal Activity Detail

F34. Has mother figure had any criminal arrests since the case opened?

- 1 Yes
 2 No [**Skip to father figure section**]

A. Date	B. Type		C. Drug Charge?			D. Resulted in Conviction?		
	Misdemeanor	Felony	Y	N	DK	Y	N	DK
	M	F	1	0	99	1	0	99
	M	F	1	0	99	1	0	99
	M	F	1	0	99	1	0	99
	M	F	1	0	99	1	0	99
	M	F	1	0	99	1	0	99
	M	F	1	0	99	1	0	99
	M	F	1	0	99	1	0	99
	M	F	1	0	99	1	0	99
	M	F	1	0	99	1	0	99

SECTION G: FATHER FIGURE

G1. Father figure ID: _____

G2. Case type:

- 1 KCFTC
- 2 Comparison

G3. KCFTC status

- 1 Parent ordered or enrolled in KCFTC for this case
 _____ Entry Date 1
 _____ Exit Date 1
- 2 Graduated
- 3 Terminated
- 4 Still enrolled-Phase 1
- 5 Still enrolled-Phase 2
- 6 Still enrolled-Phase 3
- 7 Opted out

Hearings

G6. Select one:

- 1 Mother and father figure are both on this case, and all hearing information completed for mother is identical for the father figure. (*Skip Table*).
- 2 Mother and father figure are both on this case, but some or all of the hearing information is different. (*Complete Table*).
- 3 Mother is not on the case. (*Complete Table*).

Father Figure's Hearings

G7. Date of hearings	G8. Type	G9. Court Order Modification	G10. Father figure was noncompliant with treatment	G11. Father figure was noncompliant with visitation	G12. Modification Due to	G13. Contested hearing?
		Y N DK	Y N NA DK	Y N NA DK		Y N DK
		1 0 99	1 0 88 99	1 0 88 99	1 2 3 4 88 99	1 0 99
		1 0 99	1 0 88 99	1 0 88 99	1 2 3 4 88 99	1 0 99
		1 0 99	1 0 88 99	1 0 88 99	1 2 3 4 88 99	1 0 99

		1 0 99	1 0 88 99	1 0 88 99	1 2 3 4 88 99	1 0 99
		1 0 99	1 0 88 99	1 0 88 99	1 2 3 4 88 99	1 0 99
		1 0 99	1 0 88 99	1 0 88 99	1 2 3 4 88 99	1 0 99
		1 0 99	1 0 88 99	1 0 88 99	1 2 3 4 88 99	1 0 99
		1 0 99	1 0 88 99	1 0 88 99	1 2 3 4 88 99	1 0 99
		1 0 99	1 0 88 99	1 0 88 99	1 2 3 4 88 99	1 0 99
		1 0 99	1 0 88 99	1 0 88 99	1 2 3 4 88 99	1 0 99

Hearing type codes 1 Shelter hearing 2 Dispositional hearing 3 6 month review 4 12 month review 5 18 month review 6 Graduation 7 Termination 8 Other family/dependency court hearing 9 Permanency hearing: <i>If permanency decision has been made, complete Child Outcomes.</i> 10 Weekly review 99 Not clearly documented	Modification due to codes 1 Noncompliant behavior 2 Progress/good behavior 3 New info obtained 4 Other 88 Not applicable 99 Not clearly documented
--	--

G.14 FTC Phase changes

A. Phase #	B. Date entry	C. Date Exit

G.15 Treatment level changes

A. Level #	B. Date entry	C. Date Exit

G17. Type and number of sanctions

A. Type	B. Dates	C. Total Number

G18. Type and number of incentives

A. Type	B. Dates	C. Total Number

Court Orders

G19. Select one:

- 1 Mother and father figure are both on this case, and father figure had the same court orders as mother. *Skip this section.*
- 2 Mother and father figure are both on this case, but father figure had different court orders. *Complete this section.*
- 3 Mother is not on the case. *Complete this section.*

G20. _____ Date of first court order (service plan)

G21. Issues addressed in first court order (check all that apply)

- 4 Treatment services/requirements
- 5 Employment services/requirements
- 6 Housing services/requirements

- 7 Relationship/co-habitation requirements (e.g. do not contact orders; prohibition against living with spouse/partner)
- 8 Visitation plan
- 9 Child placement order
- 10 Permanency order
- 11 Parenting classes
- 12 Counseling
- 13 Domestic violence services
- 14 Other:_____
- 15 Other:_____
- 99 Not clearly documented

G22. UAs ordered

Date	Order or notes	Results if available

Criminal Activity Detail

G34. Has father figure had any criminal arrests since the case opened?

- 1 Yes
- 2 No [**Skip to Children Section**]

A. Date	B. Type		C. Drug Charge?			D. Resulted in Conviction?		
	Misdemeanor	Felony	Y	N	DK	Y	N	DK
	M	F	1	0	99	1	0	99
	M	F	1	0	99	1	0	99
	M	F	1	0	99	1	0	99
	M	F	1	0	99	1	0	99
	M	F	1	0	99	1	0	99
	M	F	1	0	99	1	0	99
	M	F	1	0	99	1	0	99

	M	F	1	0	99	1	0	99
	M	F	1	0	99	1	0	99
	M	F	1	0	99	1	0	99
	M	F	1	0	99	1	0	99

Court outcomes

Children's status at time of court case closure

Children's Permanency Status

H17. Child ID#	H18. <u>Permanency Decision</u>	H19. <u>Custody Code</u>	H20. <u>Date child placed in permanent placement/ reunified</u> (88=never removed)	H21. <u>Date Court Case Closed</u>	H22. <u>Date CPS Case Closed</u>

Permanency Decision Codes

- | | |
|---|--|
| 1 Returned to original parent(s) | 8 Emancipated |
| 2 Remained with original parent(s) | 9 Placed in juvenile facility |
| 3 Given to other parent | 10 Voluntary relinquishment of parental rights |
| 4 Guardianship/Fit and Willing Relative | 11 Other: |
| 5 TPR | |
| 6 Long-term foster care | 12 Remained w/original parent(s) |
| 7 Residential Care | - no custody change |
| | 77 No information – Case still open |
| | 99 Not clearly documented |

Custody Codes**	
1 Mother	7 Other (non-relative) guardian
2 Father	8 Non-relative Foster parent(s)
3 Both parents	9 Non-relative Adoptive parent(s)
4 Grandparent(s)	10 Independent living
5 Aunt/uncle	11 Other:
6 Other relative:	
_____	_____
	77 No information – Case still open
	99 Custody status not clear in record

**Use code “77” if the case is still open and therefore there is no information about permanency and/or case closure.

Children’s Adoptions

If children have been freed for adoption, please complete Table.

Adoptions

H23. Child ID #	H24. Date of adoptive order	H25. Adoption Disruption?			H26. Date of adoption finalization
		Y	N	DK	
		1	0	99	
		1	0	99	
		1	0	99	
		1	0	99	
		1	0	99	
		1	0	99	
		1	0	99	
		1	0	99	
		1	0	99	
		1	0	99	

H27: Completed permanency plan or reunification?

- 1 Yes
- 2 No

H28: Days to relinquishment or reunification (from original petition filing): _____

H29: Days to permanency plan (from original petition filing): _____

APPENDIX C

Approved Information Statements, Consent to contact, consent, and assent forms

King County Family Courts Study
Consent to Contact

Some researchers at the University of Washington are doing a study that you might like to participate in. The researchers want to learn how the court works for families in the dependency court. They hope that this study will give them information that will help make the court process and the services from the court better for families.

If you agree to be in the study, you will be interviewed by a researcher one time. You will be paid \$20 for the interview. The researchers will also look at records and talk with staff about your court case and treatment services you and your child may be getting. The researchers won't share any of the information that they learn about your family with anyone who is not working on this research project.

You do not have to participate in this study. You and your family can still get the services you would normally get. Your court case will not be affected whether or not you decide to participate.

The researchers would like to talk to you and give you more information about the study. Do you give permission for your attorney to give your contact information to the researchers, so that they can contact you to talk more about the study? If you decide to give permission for the researchers to call or meet with you, you can still decide that you do not want to be in the study.

To help protect your privacy the researchers have received a Certificate of Confidentiality from the US Department of Health and Human Services (DHHS). It means the researchers cannot be forced to identify you, even under a court order or subpoena. (The Certificate does not mean the Secretary of DHHS approves or disapproves of the project. It adds special protection for the research information about you.) This Certificate only protects the information we get for the research study. You should be aware that the researchers may release information in some situations. If the researchers see something that would immediately endanger you or others, such as child abuse, we may discuss it with you or seek help. Also, the government may see your information if it audits us, but they will protect your privacy.

If you agree to be contacted by the researchers about being in this study, fill out the information below.

Telephone number(s) where I may be reached:

Home: _____ Other: _____

Address where I may be contacted:

Street: _____

City/State/Zip: _____

Name (Please Print)

Name and Age of Youth

I agree that the researchers may contact me to tell me more about the study.

Signature

Date

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
CONSENT FORM FOR DEPENDENCY COURT PARENTS**

King County Family Courts Study

Principal Investigator Eric Trupin, Ph.D. Division of Public Behavioral Health and Justice Policy University of Washington 146 N Canal St, Suite 100 Seattle, WA 98103 206-685-2085	Co-Investigator Eric Bruns, Ph.D. Division of Public Behavioral Health and Justice Policy University of Washington 146 N Canal St, Suite 100 Seattle, WA 98103 206-685-2085
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Researchers' statement

We are asking you to be in a research study. The purpose of this statement is to give you the information you will need to help you decide whether to be in the study or not. Please read this statement carefully. You may ask questions about the purpose of the research, what we would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When we have answered all your questions, you can decide if you want to be in the study or not. This process is called 'informed consent.'

PURPOSE AND BENEFITS

The reason we are doing this study is to compare families that participate in the King County Family Treatment Court with families who go through the dependency court. We want to learn more about how the court process works for families in the Treatment Court and dependency court. We also want to learn about the services you and your family may be getting. There are no direct benefits to you or your child for being in this study. We hope that this study will help us to better understand how well the court process works for families and if families are getting the services they need. This will help us figure out how we can make the court process and the way families get services better for all children and families. We might learn that there needs to be more training for the staff or that there needs to be different services for families.

PROCEDURES

If you decide to be in this study, there will be two or three parts. First, the researchers will conduct an interview with you. Second, the researchers will look at your court records, treatment records, and DSHS Children's Administration records. We will ask you to sign a separate form that gives us permission to look at some of your records. Third, if you are participating in the King County Family Treatment Court the researchers will interview court staff and social workers from DSHS Children's Administration to gather any more information that was not clear from looking at your records. At no time will any of this information be shared with anyone in a way that could be linked to you or your family.

The interview with you will last about one hour. The interview will be at a time and place that is convenient for you. This might be in your home, at the court building, or somewhere else that you feel comfortable. We will audiotape the interview. The interview has questions about basic information about you and your family, your experience with the court, your experience with drug and alcohol use, treatment services you may have gotten through the court, and what you think about the court and services. Examples of some of the questions include asking you to list the drugs that have been a problem for you, to tell us whether you feel that “the judge cares about what happens to me,” and to tell us the degree you feel “I am worried I will lose custody of my child.” You may refuse to answer any question.

For the record review, we will be looking at court records about your case and DSHS records about your drug and alcohol treatment (TARGET records) and about family services provided by Children’s Administration (CAMIS records). When we look at the court records, we will look at the court orders and court file. We will look at how fast your case went through the court process and the number and types of hearings your case has had. For the drug and alcohol treatment records, we will look at the type of services you have had. We want to see how quickly you received any assessments. We will also look at the type of treatment services you have had. We will look at the records from DSHS Children’s Administration. We want to see where and for how long your child has been in DSHS Children’s Administration placements. We will also look at the amount of visitation your child had with you and any other services your child may have received through DSHS Children’s Administration. If you are participating in the Family Treatment Court, interviews with court and DSHS Children’s Administration social workers will be done after we look at your records. The purpose of interviewing the court and DSHS Children’s Administration staff is to gather any more information that we could not find from looking at your records.

RISKS, STRESS, OR DISCOMFORT

Answering questions about your court experience and services may be stressful or uncomfortable. You have the right to refuse to answer any question, or to quit the study at any time. You may be concerned that information about you or your child will be shared with people outside of the research team. We will take steps to protect the confidentiality of information collected on participants. These steps are described below.

OTHER INFORMATION

All study information will be kept in locked research files at the University of Washington. We won’t write your or your child’s names on any of the study forms. We use a code number instead. We will keep a list linking your family’s name to the code number in a locked file cabinet at the University of Washington, and we will destroy this list on or before December 31, 2007.

We will not share any information from your interview, interviews with staff, or the record review with anyone who is not working on this research project. What you tell us is not shared with any court or other agency staff. No information about individual people or families will be given in any reports that are written as a result of this study. Instead, information from your interviews will be combined with information from other people’s interviews to generate group data.

There are two exceptions to confidentiality. If we become aware of child abuse or neglect, we will report it to the Child Protective Services. If we are concerned that you might hurt yourself or someone else, we report it to authorities to protect the person who might be hurt.

To help us protect your privacy we have received a Certificate of Confidentiality from the US Department of Health and Human Services (DHHS). It means the researchers cannot be forced to identify you, even under a court order or subpoena. (The Certificate does not mean the Secretary of DHHS approves or disapproves of the project. It adds special protection for the research information about you.) This Certificate only protects the information we get for the research study. You should be aware that the researchers may release information in some situations. If the researchers see something that would immediately endanger you or others, such as child abuse, we may discuss it with you or seek help. Also, the government may see your information if it audits us, but they will protect your privacy.

Your participation is voluntary. You may choose to not participate or to withdraw from the study at any time without any penalty or loss of benefits to which you are otherwise entitled. Your decision will not affect the court process or the services that your family receives.

You will be given \$20 for your participation in this study.

If you have any questions about this study, you may contact Dr. Eric Bruns at (206) 685-2085. If you have questions about your rights as someone who takes part in a study, you can call the Washington State Institutional Review Board at 1-800-583-8488.

Printed name of researcher

Signature of researcher

Date

Subject's statement

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. I have been told that I can refuse to answer any question or withdraw from the study at any time without penalty. I have had an opportunity to ask questions. I give permission to the researchers to use my court records, substance abuse treatment records, and DSHS Children's Administration records, as described in this consent form. I give permission for the interview to be audiotaped. I will receive a copy of this consent form.

Printed name of subject

Signature of subject

Date

cc: Researcher

Subject

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

ASSENT FORM FOR YOUTH

Principal Investigator Eric Trupin, Ph.D. Division of Public Behavioral Health and Justice Policy University of Washington 146 N Canal St, Suite 100 Seattle, WA 98103 206-685-2085	Co-Investigator Eric Bruns, Ph.D. Division of Public Behavioral Health and Justice Policy University of Washington 146 N Canal St, Suite 100 Seattle, WA 98103 206-685-2085
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King County Family Courts Study

We are asking you to be in a research study. This form will tell you about the study. Please read this form carefully. You may ask questions that you have. When we have answered all your questions, you can decide if you want to be in the study or not.

”What is this study about?”

The reason we are doing this study is to learn more about families in the dependency court and the King County Treatment Court. We want to learn about how the courts work, and what kinds of services you and your family are getting. You won’t get any special rewards for being in this study. We hope that this study will help us to learn how to make the courts better for children and families.

”What will happen if I am in this study?”

We would like to look at some confidential information about you and your family. We would like to look in your court records and your DSHS Children’s Administration records for this information. If you decide to be in the study, the only thing that we will ask you to do is to give your permission for us to see these records.

”Will the researchers tell anyone what they learn about me?”

We won’t tell anyone else what we learn about you or your family. We are careful to protect your privacy. We won’t write your name on any of the study forms. We use a code number instead. We will keep all of the information that we get in a file cabinet at the University of Washington. To help us protect your privacy we have received a Certificate of Confidentiality from the US Department of Health and Human Services (DHHS). It means the researchers cannot be forced to identify you, even under a court order or subpoena. You should be aware that the researchers may release information in some situations. If the researchers see something that would immediately endanger you or others, such as child abuse, we may discuss it with you or seek help.

“Do I have to be in this study?”

You do not have to be in this study if you don't want to. Your choice about being in this study won't change your family's court case or the services that your family gets. You can change your mind about being in the study.

If you have any questions, you can call Dr. Eric Bruns. His phone number is (206) 685-2085. You can also call Dr. Bruns if you change your mind about being in this study. If you have questions about your rights as someone who is in a research study, you can call the Washington State Institutional Review Board at 1-800-583-8488.

Printed name of researcher

Signature of researcher

Date

Subject's statement

I have been told what this study is about. I want to be in this study. I know that I can change my mind about being in this study. It is okay with me if the researchers look at my court records and my DSHS Children's Administration Records.

Printed name of subject

Signature of subject

Date

cc: Researcher

 Subject

Project Component	Task	Year 1												Year 2																
		10/6	11/06	12/06	1/07	2/07	3/07	4/07	5/07	6/07	7/07	8/07	9/07	10/7	11/07	12/07	1/08	2/08	3/08	4/08	5/08	6/08	7/08	8/08	9/08	10/8	11/08	12/08	1/09	2/09
Finalization of procedures	Stakeholder meetings																													
	Amendments to DSHS IRB																													
Participant recruitment & enrollment	Current KCFTC participants																													
	Prospective enrollment																													
	Comparison group enrollment																													
Parent interviews																														
Annual record reviews																														
Data analysis and report writing	Data analysis																													
	Interim report due																													
	Final report due																													